



**FDW CORP**

Toll Free: 800-828-0509 Local: 608-831-1946 Fax: 608-831-1890  
9770 Silicon Prairie Pkwy, Madison, WI 53593-8442  
8:30am-5:30pm M-F CST

# DEALER APPLICATION

LEGAL NAME OF BUSINESS: \_\_\_\_\_

DBA: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CUSTOMER NUMBER (IF KNOWN): \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

### MAILING/SHIPPING ADDRESS:

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If you hold a WI Tax Exempt Certificate or Multi-jurisdiction Tax Exemption, please include the appropriate completed paperwork with your Dealer Application.

FEDERAL ID NUMBER: \_\_\_\_\_

### BILLING ADDRESS (IF DIFFERENT FROM SHIPPING ADDRESS):

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YEAR BUSINESS WAS ESTABLISHED: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

**BUSINESS TYPE (CHECK ONE):**     DEALER     CONTRACTOR     MANUFACTURER

**Please indicate primary markets served by your firm (check all that apply):**

- RECORDING STUDIO
- BROADCAST TELEVISION/RADIO
- SECURITY
- CONSULTANT/RENTAL
- BUSINESS PROFESSIONALS
- HOSPITALITY/ENTERTAINMENT
- EDUCATION
- HOUSES OF WORSHIP
- OTHER \_\_\_\_\_
- GOVERNMENT
- DJ/CLUB
- CONTRACTOR/INSTALL
- INTEGRATION

LIST CURRENT MEMBERSHIPS IN PROFESSIONAL INDUSTRY ORGANIZATIONS ( NSCA, NAMM, CEDIA, ETC. ):

\_\_\_\_\_

HOW DID YOU HEAR ABOUT FDW CORP? \_\_\_\_\_

### TRADE REFERENCES:

PLEASE LIST 3 MANUFACTURERS OR OTHER DISTRIBUTORS FOR WHOM YOU ARE A DEALER. **FILL OUT COMPLETELY OR APPLICATION WILL NOT BE PROCESSED.**

COMPANY: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

CONTACT: \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

All accounts are COD, cash, or credit card. Payment by company check for approved accounts only. If you wish to use company checks, please complete both pages of this form and return.

**YOU CAN ALSO COMPLETE THIS APPLICATION ONLINE AT [FDWCORP.COM](http://FDWCORP.COM)**



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**CREDIT APPLICATION**

FDW Corp must have the following information on file in addition to the dealer application in order to accept company checks. All information will be held in the strictest confidence. Please fill out completely or application will not be processed.

COMPANY NAME: \_\_\_\_\_ DUN & BRADSTREET NUMBER (IF APPLICABLE): \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_

AP PHONE: ( \_\_\_\_\_ ) AP E-MAIL: \_\_\_\_\_

AP ADDRESS: \_\_\_\_\_

- Corporation
- Check here if incorporated in the last 12 months
- Partnership
- Sole Proprietor

**OWNERSHIP – NAME(S) OF PRINCIPAL(S):**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK REFERENCE:**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: ( \_\_\_\_\_ ) FAX: ( \_\_\_\_\_ )

ACCOUNT NUMBER: \_\_\_\_\_

We certify that all the information is correct. We understand any NSF checks will be subject to a service charge.

The Applicant warrants that the statements in this application are true and complete and are made for the purpose of establishing a business relationship with FDW Corp, which may include the granting of credit at FDW Corp's sole discretion. FDW Corp is hereby authorized to obtain any information necessary from any source concerning this Dealer Application. Applicant promises to pay for all purchases within the terms and conditions for sale presented upon the invoice, regardless of whether terms are Cash, Check, credit card, COD, or open "net" account terms. Applicant agrees that in the event of late payment, Applicant will pay all finance charges that may be assessed on past due invoices at the rate of 1.5% per month (18% per annum). Applicant further agrees that in the event that a past due amount is referred for collection, the undersigned will pay any and all costs of collection, including reasonable attorney fees. The undersigned warrants that s/he is an owner or officer and is thereby authorized to enter into this agreement on behalf of the Applicant organization.

I accept and understand the terms stated here.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_