

**US Dealers Only**



**CONFIDENTIAL DEALER CREDIT APPLICATION**

Please complete this entire form. INCOMPLETE APPLICATIONS WILL BE RETURNED.  
Return completed application by mail or Fax: (603)-544-8901

**BILL TO:**

\_\_\_\_\_  
Company or Organization

\_\_\_\_\_  
Address Suite or Building #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail

**SHIP TO:**

\_\_\_\_\_  
Company or Organization

\_\_\_\_\_  
Address Suite or Building #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Fed. Tax I.D.# \_\_\_\_\_

**CONTACT/SALES INFORMATION**

The following information is for Audioplex Technology® internal use only. We do not sell or distribute our mailing lists and regard this information as CONFIDENTIAL. Print names (required) and check box (optional) for free catalogs and product flyer updates.

\_\_\_\_\_  
President/Owner SS#

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Vice President/Partner SS#

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Accounts Payable

\_\_\_\_\_  
Projection of Annual Audio Sales

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Year Established

**TRADE REFERENCES**

Name: \_\_\_\_\_ Your Acct No. \_\_\_\_\_

**1.** Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Your Acct No. \_\_\_\_\_

**2.** Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(continued on next page)

**TRADE REFERENCES**

(continued from first page)

- Name: \_\_\_\_\_ Your Acct No. \_\_\_\_\_
3. Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Name: \_\_\_\_\_ Your Acct No. \_\_\_\_\_
4. Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCES**

- Bank: \_\_\_\_\_
1. Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Bank Officer: \_\_\_\_\_
- Account #: \_\_\_\_\_
- Bank: \_\_\_\_\_
2. Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Bank Officer: \_\_\_\_\_
- Account #: \_\_\_\_\_

Are the applicant or its principals, partners or owners' guarantors of the debts of another? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name, address and phone number of the debtor and a statement of the guarantee obligation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are there any unsatisfied judgments against the firm? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant or its principals, partners or owners ever failed in business, become insolvent or made assignments for the benefit of creditors? Yes \_\_\_\_\_ No \_\_\_\_\_

Has applicant, its principals, partners or owners ever become the subject of a bankruptcy or similar proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you hear about Audioplex Technology®? Please list name if possible.

Referral \_\_\_\_\_ Trade Show \_\_\_\_\_ Rep \_\_\_\_\_

Internet \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Advertising \_\_\_\_\_

Other \_\_\_\_\_

What Audioplex Technology® products are you interested in?

Volume Controls \_\_\_\_\_ Switchers \_\_\_\_\_ Speakers \_\_\_\_\_ Wire \_\_\_\_\_ Plates \_\_\_\_\_ Infrared \_\_\_\_\_ Complete Line \_\_\_\_\_

The following is understood, agreed to and accepted by:

Signature \_\_\_\_\_ Name Printed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

(signature of owner/officer legally responsible is required here)



TERMS AND CONDITIONS - DEALER

Audioplex has a minimum order requirement of \$50 for cash or credit card orders on your Visa or MasterCard. There is a \$10 minimum order fee on orders that do not meet the minimum requirement. Our terms are net 30 days from invoice date. All outstanding invoices past 30 days will be subject to a 1 1/2% per month interest charge. Accounts past 60 days are placed on C.O.D. Ninety day past due accounts will be sent to collection. Prepayment is required from companies without established credit. In the event payment is not made strictly within terms, you will be liable for any collection, court, legal and attorney fee, costs and necessary disbursements to satisfy the full restitution of account. All litigation proceedings will be held in accordance to New Hampshire state laws, with all proceedings in Manchester, New Hampshire, USA. There is a \$35.00 charge for all returned checks.

Free shipping and handling charges will be applied on all standard UPS ground orders in the continental U.S. with a merchandise total of \$500.00 or more (based on merchandise total minus any discounts, or allowances). Dealer pays the difference between ground and air delivery. This policy is for all products with the exception of wire which has its own discount program (see catalog). This policy is for freight/shipping/handling charges only and does not include any C.O.D charges.

No merchandise returns will be accepted after 30 days from the date of invoice. We will accept your returns under warranty, repairing and returning to you any product that is defective at no charge. Before returning any product for service, please call. A technician will help you determine if the problem can be corrected on site, or if the unit needs to be returned. If the product needs to be returned, you will be issued an RMA# which is good for 30 days. A merchandise return form must be completed in full, and accompany the returned product. The product must be returned prepaid (no call tag will be issued - customer is responsible for shipping of return). All product returned that is not subject to manufacturers defect or shipping error will incur a 15% restocking fee. There are no cash refunds. Credit is issued in merchandise credit only. No returns are accepted on special or customized products. Repair charges will be invoiced on products that are deemed to be from customer neglect or misuse. If there are any repair costs the customer will be notified.

Performance will be reviewed quarterly; Dealers with merchandise sales greater than \$3,000 will be reclassified to Preferred status. Preferred Dealers with merchandise sales less than \$3,000 will be reclassified to Dealer status.

Dealers receive no rebates.

Program is effective January 1, 2006 All other dealer pricing programs (excluding wire program) are null and void.

Everything stated in this application is true to the best of my knowledge. You are authorized to inquire of trade creditors, banks, other credit references, and obtain such information from them as necessary for evaluating this credit application.

The foregoing is understood, agreed to and accepted by:

Signed \_\_\_\_\_ Name Printed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

**AUDIOPLEX TECHNOLOGY®**  
404 GWH P.O. BOX 440 MELVIN VILLAGE, N.H. 03850  
1-800-257-2077 603-544-8601 FAX: 603-544-8901  
E-MAIL: sales@audioplex.com



**DEALER VISA/MASTERCARD CREDIT CARD PURCHASE AUTHORIZATION**

I understand that I may receive an immediate discount when I use my credit card while placing my order with Audioplex. For that purpose I have completed the following Credit Card Authorization Form in full. I understand that by using my credit card I do not lose my option for Net 30 terms. Each time I place an order I will be given the option of Net 30 (for authorized dealers only), C.O.D, or Charge terms.

**Minimum credit card order is \$50.00**

My signature below authorizes Audioplex Technology to process telephone and/or fax orders to the below referenced credit card. These orders may be made only by the authorized persons listed below. Any changes of authorized persons must be made in writing to Audioplex Technology. I hereby assume full, unconditional responsibility for making payment for all orders and agree to abide by all billing and merchandise return policies of Audioplex Technology, as outlined in published Terms and Policies. As stated in said policies, I understand that should I need to return product, I will be issued a Merchandise Credit *Only*. Audioplex does not issue credit on credit cards, or cash refunds.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Expiration Date: ____ / ____ / ____
Card Number: _____ - _____ - _____ - _____		
CVC Number: ( 3 digit number above signature on back of card) _____		
Company Name: _____		
Business Tax I.D. Number: _____		
Name as it appears on card: _____		
Authorized Signature: _____		
Billing Address of Cardholder: _____		
Name(s) of authorized user(s): _____		
_____		
_____		

This form must be completed before Audioplex will process your order  
(4)



**C.O.D AUTHORIZATION FORM**

I authorize Audioplex Technology to send product to me, ordered by me, through UPS C.O.D. I agree to pay the total charges presented to me by the UPS representative/driver. I understand that if I have provided my fax number, Audioplex will fax me a copy of my invoice, upon the shipping of my order, in order that I might know my total amount due upon delivery.

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Signature

Date

---

Company Name

Phone Number

Fax Number

404 GWH P.O. BOX 440 • MELVIN VILLAGE, N.H. 03850 • 603-544-8601 • FAX: 603-544-8901

