



89 Needham Street – Suite 2323
Newton, MA 02461
(617) 237-2875

DEALER TERMS AGREEMENT

Legal Business Name: _____ Date: _____

Trade Name (if Any): _____

Billing Address: _____

Shipping Address: _____

Main Telephone #: _____ Fax: _____ Company website _____

A/P contact name, phone, and ext: _____

_____ A/P Email: _____

Purchasing contact name, phone, and ext: _____

_____ Purchasing Email: _____

Type of Business: Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Years in Business _____

If incorporated: State of incorporation: _____ years of incorporation: _____

Federal ID#: _____ or Social Security # if Sole Proprietorship _____

List below the following: Corporate officers, individual owners, partners or members. *(Please use additional page if more than 2 owners, officers, or partners etc)*

Name	Title	Cell phone #	Complete Home Address City, State and Zip Code
1.-			

2.- _____

Has Applicant ever filed bankruptcy? Yes ☐ No ☐ If yes, please attach an explanation.

Has a judgment ever been filed against Applicant? Yes ☐ No ☐ If yes, please attach an explanation.

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I, (we) hereby certify that the information in this application is correct. The information included in this application is for use by Next Level Acoustics in determining the amount and conditions of purchasing on terms to be extended. Further I (we) individually, personally jointly, severally guarantee payment of this account. This personal guarantee can not be changed orally. Applicant(s) will be responsible for reasonable collection and or legal costs incurred for non-payment.

TERMS AND CONDITIONS:

Payment is due in full upon ship, unless terms have been negotiated. Certain custom orders will require a 50% deposit.

Title and transfer of ownership of all products subject to this agreement, including all and any liability of the seller not covered by this agreement, shall pass to the buyer upon delivery of the products to either the buyer, buyer's client, or buyer's agent FOB destination, as instructed by the buyer at the time of purchase.

PRINT NAME OF AUTHORIZED SIGNER	AUTHORIZED SIGNATURE	TITLE	DATE
_____	_____	_____	_____

PRINT NAME OF AUTHORIZED SIGNER	AUTHORIZED SIGNATURE	TITLE	DATE
_____	_____	_____	_____

AS INDIVIDUAL GUARANTOR: (only if a sole proprietor company)

NAME OF GUARANTOR	SS#	DATE OF BIRTH	TITLE	SIGNATURE
_____	_____	_____	_____	_____

A copy of your re-sale certificate must accompany this application