



DEALER TERMS AGREEMENT

Legal Business Name:		Date:			
Trade Name (if Any):					
Billing Address:					
Shipping Address:					
A/P contact name, phone	, and ext:				
			A/P Email:		
Purchasing contact name,	, phone, and ext:				
			Purchasing Email: _		
Type of Business: Corpor	ration 🗌 LLC 📗 Partn	ership 🔲 Sole Pro	prietorship 🗌 Years	s in Business _	
If incorporated: State of i	ncorporation:	years of incorporation:			
Federal ID#:		or Social Se	curity # if Sole Prop	rietorship	
List below the following: Corpo	orate officers, individual owner	rs, partners or members	. (Please use additional p	age if more than 2	owners, officers, or partners etc)
<u>Name</u>	<u>Title</u>	Cell phone #	Complete Home	Address City,	State and Zip Code
1					
2					
Has Applicant ever filed					
Has a judgment ever been	i filed against Applicant	? Yes [No []	f yes, please attach a	in explanation.	
determining the amount and	e information in this application of purchasing on	tion is correct. The in terms to be extended.	formation included in the Further I (we) individua	nis application is ally, personally jo	TY TO VERIFY for use by Next Level Acoustics in intly, severally guarantee payment tion and or legal costs incurred for
TERMS AND COND Payment is due in full upon		been negotiated. Ce	rtain custom orders v	vill require a 50	9% deposit.
RETURNABLE FOR AN THAT (2) ALL PURCHAE FOR ANY REASON AF ORDER AS THEY ARE BUSINESS DAY IS AT TO	Y REASON OTHER THASE ORDERS FOR ANY TER 4:00PM EST OF TO CUSTOM BUILT AT THE DISCRETION OF THE BE RETURNED AS 1	AN DEFECTS SPE 7 PRODUCTS, EX THE NEXT BUSIN THE TIME OF OR HE SELLER, IF PR	CIFICALLY COVE CEPT FOR THE UN ESS DAY AFTER S DER. CANCELLAT ODUCTION OF TH	RED BY AN E 11 BRACKET, SELLER'S REC FION AFTER E PRODUCT F	UM1 BRACKET, ARE NOT XISTING WARRANTY, AND CANNOT BE CANCELLED CEIPT OF THE PURCHASE 4:00PM EST OF THE NEXT IAS NOT BEGUN. THE UM1 GINAL PACKAGING WITH
Title and transfer of owne agreement, shall pass to th as instructed by the buyer	e buyer upon delivery of				f the seller not covered by this 's agent FOB destination,
PRINT NAME OF AUT	THORIZED SIGNER	AUTHORIZ	ED SIGNATURE	TITLE	DATE
PRINT NAME OF AUT	THORIZED SIGNER	AUTHORIZ	ED SIGNATURE	TITLE	DATE

NAME OF GUARANTOR

SS#

DATE OF BIRTH

TITLE

SIGNATURE

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