



DEALER APPLICATION

FULL LEGAL NAME OF COMPANY _____

DBA _____
(if different from legal name)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ E-MAIL _____

ORGANIZATION

PROPRIETOR PARTNERSHIP CORPORATION DIVISION SUBSIDIARY

YEAR ORGANIZATION ESTABLISHED _____
INCORPORATED UNDER THE LAWS IN THE STATE OF _____ DATE _____

IF SUBSIDIARY OR DIVISION, STATE NAME OF PARENT COMPANY _____

OWNERSHIP

IS THIS A CLOSED CORPORATION? YES NO

IF THIS IS A CLOSED CORPORATION, PLEASE LIST SHAREHOLDER'S NAME AND ADDRESS BELOW. IF NOT A CLOSED CORP., PLEASE LIST SHAREHOLDERS OWNING MORE THAN 10% OR MORE OF THE ISSUED AND OUTSTANDING SHARES (ATTACH A SEPARATE SHEET IF NECESSARY).

NAME	ADDRESS	% OWNERSHIP
_____	_____	_____
_____	_____	_____

CORPORATE OFFICERS

PRESIDENT _____

PHONE EXT. _____

VICE PRESIDENT _____

PHONE EXT. _____

SECRETARY _____

PHONE EXT. _____

PROPRIETOR OR PARTNER

NAME _____

TITLE _____

NAME _____

TITLE _____

NAME _____

TITLE _____

PLEASE DESCRIBE YOUR BUSINESS (CHECK ALL THAT APPLY)

RETAIL CUSTOM INSTALLER W/ SHOWROOM CUSTOM INSTALLER W/O SHOWROOM

ATTACH A LIST ALL BRANCHES, WAREHOUSES, OFFICES AND OUTLETS (NOTE SHIP TO LOCATIONS)

ARE YOU AFFILIATED WITH A BUYING GROUP? YES NO

IF YES, PLEASE LIST _____

MAJOR COMPONENT LINES

HOME AUDIO _____

LOUDSPEAKERS _____

OTHER _____

DEALER UNDERSTANDS AND RECOGNIZES THAT IF THERE IS A DELAY IN THE PROMPT PAYMENT OF ANY DEBT DUE TO ATLANTIC TECHNOLOGY INT'L CORP., OR IF ATLANTIC TECHNOLOGY IS REQUIRED TO EXPEND MONEY, MANPOWER AND OVERHEAD IN THE COLLECTION, BILLING, SUPERVISION AND SOLICITATION OF PAST DUE OBLIGATIONS, THEN DEALER AGREES TO PAY ATLANTIC TECHNOLOGY SERVICE CHARGES ON SUCH PAST DUE OBLIGATIONS AND COSTS ON ITS COLLECTIONS, BILLINGS, SUPERVISION AND SOLICITATION AT THE RATE OF 1 ½ % PER MONTH THAT SUCH PAST DUE OBLIGATIONS AND COSTS SHALL BE UNPAID.

IN THE EVENT THAT ATLANTIC TECHNOLOGY SHALL BE REQUIRED TO RETAIN OR HIRE ANY ATTORNEY'S OR OUTSIDE AGENCIES TO COLLECT SUCH PAST DUE OBLIGATIONS AND COSTS REFERRED TO HEREIN, THEN DEALER SHALL PAY FEES INCURRED AS A RESULT OF SUCH COLLECTION SERVICES, IN ADDITION TO ALL SUMS OWED TO ATLANTIC TECHNOLOGY BY DEALER.

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE AUTHORIZE ATLANTIC TECHNOLOGY TO MAKE ANY AND ALL INQUIRIES NECESSARY FOR ACTION ON THIS CREDIT APPLICATION AND TO PERFORM PERIODIC CREDIT SURVEYS WHEN DEEMED NECESSARY SOLELY AT THE DISCRETION OF ATLANTIC TECHNOLOGY. WE HEREBY AGREE TO INDEMNIFY ATLANTIC TECHNOLOGY FROM ANY LIABILITY FROM THEIR CREDIT SURVEYS.

COMPANY NAME

TITLE

OFFICER OR PRINCIPAL (SIGNATURE)

DATE

OFFICER OR PRINCIPAL (PLEASE PRINT)

CREDIT APPLICATION		
Name:	Years in Business:	
Address:		
City / State / Zip:		
Telephone:	Fax:	Email:

BANK ACCOUNT(S) FOR BUSINESS	
Bank Name:	Telephone:
Address:	City/State/Zip:
Account #:	Contact:

TRADE REFERENCES		
<u>Major Component Lines</u>		
1.) Name:	Contact:	Account #
Tel#:	Fax#:	
2.) Name:	Contact:	Account #
Tel#:	Fax#:	
3.) Name:	Contact:	Account #
Tel#:	Fax#:	
4.) Name:	Contact:	Account #
Tel#:	Fax#:	
<u>Distributors</u>		
1.) Name:	Contact:	Account #
Tel#:	Fax#:	
2.) Name:	Contact:	Account #
Tel#:	Fax#:	
<u>Accessories</u>		
1.) Name:	Contact:	Account #
Tel#:	Fax#:	
1.) Name:	Contact:	Account #
Tel#:	Fax#:	

I, the undersigned, authorize the release of any information necessary for credit approval from the above listed bank and credit references. I do instruct them to release said information to Credit Department in strict confidence for the sole purpose of credit approval.

Signature: _____

Date: _____

Print Name: _____

Date: _____