



APPLICATION FOR DEALER MEMBERSHIP

I. Company Information

Company Name: _____

Address: _____

City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ WWW: _____

Year Established: _____ Type of Business: † Corporation † Partnership † Proprietorship † LLC

Taxpayer ID #: _____ DUNS#: _____

Main Contact to receive ESTA communications: _____

Main Contact email: _____

Owner/President: _____

Number of full time or equivalent full time employees, in North America, including the owner(s): _____

II. Company Requirements

Does your company/organization:

1. Supply a product or service to the entertainment production industry? † Yes † No
2. Carry business insurance? † Yes † No (If yes, please provide proof of insurance)
3. Hold a valid business license, resale tax permit or tax exempt permit? † Yes † No (If yes, please provide copy)
4. If your company has a principal LHRZQUSDUWQURIFHUGUHFWRUPHPEM who has been convicted of a felony relating to fraud, theft, defalcation or similar dishonesty, you must provide location, date and nature of conviction on an attached sheet.
5. Have a showroom open to the public thirty (30) or more hours per week located in a commercially zoned area? † Yes † No
6. Have at least one full time retail sales person other than an owner? † Yes † No
7. Have an inventory, held for resale, of at least \$15,000? (value based on manufacturer's published net pricing) † Yes † No
8. Offer for retail sales at least ten (10) lines of product purchased directly from ten different recognized entertainment equipment manufacturers on open account? † Yes † No (If yes, please list below)

Product Line / Manufacturer

Product Line / Manufacturer

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

For ESTA use:

Date Received: _____ Member #: _____ Payment Method: _____ Amount: \$ _____

