RIFFI AUDIO

Account # _____

Submitted By Salesman_____

Riffi Audio LLC
459 VZ County Road 2135
Canton TX 75103
Phone: 903-502-0031
www.RiffiAudio.com

DEALER APPLICATION

DATE _____ **BUSINESS NAME**_____

DBA_____

E-Mail _____ Website_____

SHIPPING ADDRESS:

_____

City_____ State_____ Zip_____

MAILING ADDRESS:

_____

City_____ State_____ Zip_____

Phone (Shop) #_____Fax #_____Office #_____

BUSINESS INFORMATION:

Owner(s) Name_____

Cell Phone #_____

Owner(s) Name _____

Cell Phone # _____

Manager_____

Business License #_____State Tax #_____

Years in Business_____ Store Hours_____

Payment Method: Credit Card _____ C.O.D. _____ Purchase Order # Required: Yes_____ No_____
(If Credit Card please provide Credit Card Authorization Form)

Business Type: Sole Proprietorship ____ Partnership _____ Corporation _____

Annual Sales: _____New, $0.00 - $25,000 ____$25,000 - $75,000 ____ $75,000 - $200,000 ____ $200,000 plus

I hereby confirm that all requested information is correct, complete and enclosed.

Signature _____Print Name_____

Title _____Date_____

Please email this document to info@rifiaudio.com Please mail original document to
Riffi Audio LLC 459 VZ County Road 2135 Canton TX 75103