DEALER APPLICATION FORM



Date :		_	
Company Name:			
Company/Business	Registration Number:		
Address (HQ):			
Telephone:		Fax:	
Email:		Website:	
Branch Location	(if any, list all):		
Contact Person:		Position:	
What is your main business? Please circle one only.			
a. music school	b. repair shop / luthier	c. retail shop d. Coach	
What is your main product? Please circle one only.			
	a. Combo (i.e. drums, ele	ctric guitars, bass, keyboard)	
	b. Classical (i.e. piano, str	ing, woodwind, brass)	
	c. Marching band		
	d. Pro Audio		
Are you an importe	er? a. Yes	b. No	
What musical instrument brands that you are currently selling?			
What musical instrument brands that you are interested from JS Music Distribution?			
What questions could we answer for you?			

PLEASE COMPLETE THIS FORM AND FAX BACK TO: 03 – 21 444 558 or EMAIL TO: contact@jsmusic.com.my / WHATSAPP TO: 013-2122 555