

INTERNAL USE ONLY

<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT #	DEALER CODE	CREDIT TERMS

BRAND(S) INTENDED TO PURCHASE CHIEF DA-LITE SANUS (*) DENOTES REQUIRED INFORMATION

DEALER NAME *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BILLING ADDRESS *

CITY *

STATE *

ZIP CODE *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SHIPPING ADDRESS *

CITY *

STATE *

ZIP CODE *

<input type="text"/>	<input type="text"/>
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TELEPHONE *

FAX *

<input type="text"/>	<input type="text"/>
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WEBSITE

EMAIL (FOR SALES ORDER CONFIRMATION & INVOICES) *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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YEARS IN BUSINESS *

DUNS# *

SS# OR FED ID# *

GENERAL BUSINESS INFORMATION

BUSINESS CLASSIFICATION * SOLE PROPRIETER PARTNERSHIP CORPORATION LLC

ARE YOU USE-TAX AND/OR SALES TAX EXEMPT? * YES NO

<input type="text"/>	(PLEASE SEND A COPY OF CERTIFICATE)
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CERTIFICATE NUMBER / VAT # OR TAX # *

<input type="text"/>	<input type="text"/>
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YEARS IN BUSINESS *

D & B #

<input type="text"/>	<input type="text"/>
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OFFICER'S NAME *

TITLE *

<input type="text"/>	<input type="text"/>
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TELEPHONE

<input type="text"/>	<input type="text"/>
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PRESIDENT

CONTROLLER

<input type="text"/>	<input type="text"/>
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PURCHASING MANAGER

<input type="text"/>	<input type="text"/>
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SALES MANAGER

NUMBER OF SALES PEOPLE

CONTACTS/LOCATIONS

<input type="text"/>	<input type="text"/>	<input type="text"/>
KEY CONTACT FOR PORTAL ADMINISTRATION, PRICING AND LITERATURE DISTRIBUTION	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
SALES MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PURCHASING MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
INSTALLATION MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
DESIGN MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
RENTAL MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MARKETING MANAGER	EMAIL	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
AP MANAGER	EMAIL	PHONE

<input type="text"/>	<input type="text"/>
NAME OF ADDITIONAL BUSINESS LOCATION**	ADDRESS
<input type="text"/>	<input type="text"/>
TELEPHONE	CONTACT PERSON

<input type="text"/>	<input type="text"/>
NAME OF ADDITIONAL BUSINESS LOCATION**	ADDRESS
<input type="text"/>	<input type="text"/>
TELEPHONE	CONTACT PERSON

<input type="text"/>	<input type="text"/>
NAME OF ADDITIONAL BUSINESS LOCATION**	ADDRESS
<input type="text"/>	<input type="text"/>
TELEPHONE	CONTACT PERSON

**ATTACH SEPARATE SHEET FOR MORE THAN THREE ADDITIONAL LOCATIONS

BUSINESS INFORMATION

PRO AV/COMMERCIAL APPLICATIONS

WORKSTATION

MANUFACTURER

HOME THEATER / CUSTOM INSTALL /
CONSUMER ELECTRONICS

DISTRIBUTOR

MANUFACTURER

ONLINE RESELLER

SYSTEM INTEGRATOR

MUSIC AUDIO

CORPORATE

EDUCATION

GOVERNMENT

TRANSPORTATION

ENTERTAINMENT

HOSPITALITY

RELIGIOUS

DIGITAL SIGNAGE

RENTAL & STAGING

BROADCASTING

OTHER _____

DO YOU PARTICIPATE IN GOVERNMENT BIDS?

YES

NO

DO YOU WISH TO BE SET UP TO PAY ON A CREDIT CARD ONLY? YES NO
(IF YES, SKIP BANK INFORMATION & VENDOR REFERENCES)

BANK INFORMATION*** (***) DENOTES REQUIRED INFORMATION **IF NOT** SET UP AS CREDIT CARD ONLY

<input type="text"/>		<input type="text"/>	
BANK NAME ***		CONTACT NAME ***	
<input type="text"/>		<input type="text"/>	<input type="text"/>
MAILING ADDRESS ***		CITY ***	STATE *** ZIP CODE ***
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER ***	TYPE OF ACCOUNT (CHECKING, SAVING, ETC.) ***	ACCOUNT NUMBER ***	YEARS AS A CUSTOMER OF ABOVE BANK ***

VENDOR REFERENCES ***

<input type="text"/>	<input type="text"/>
NAME 1 ***	NAME 2 ***
<input type="text"/>	<input type="text"/>
PHONE NUMBER ***	FAX ***
<input type="text"/>	<input type="text"/>
EMAIL ***	EMAIL ***
<input type="text"/>	<input type="text"/>
NAME 3 ***	NAME 4 ***
<input type="text"/>	<input type="text"/>
PHONE NUMBER ***	FAX ***
<input type="text"/>	<input type="text"/>
EMAIL ***	EMAIL ***

I _____ authorize Milestone AV Technologies ("Milestone"), to initiate a credit investigation of my firm. I understand that this is a preliminary step in establishing my firm as an authorized Milestone dealer. I further understand that Milestone is not obligated to accept or ship any order to me until said credit check has been completed and found satisfactory to Milestone; a credit rating satisfactory to Milestone being a condition precedent to any agreement between the above signed and Milestone.

If attorney or collection services are required to collect a delinquent outstanding balance, I, the dealer, agree to pay, in addition to our account balance which includes interest, all reasonable attorney fees, professional collection service charges, court costs, and any other related expenses incurred by Milestone in collecting this delinquent outstanding balance.

Milestone's Credit Department may also use Dun & Bradstreet or other credit rating agencies to verify credit information. Occasionally up-to-date information is unavailable. Milestone will contact you or your vendor references for additional information if needed. Credit terms not guaranteed. Typical account approval process lasts 24-48 hours. Initial order must accompany credit application for account creation.

PLEASE INCLUDE A COPY OF YOUR LATEST FINANCIAL STATEMENTS FOR BUSINESSES IN THE UNITED STATES. IN ADDITION, MILESTONE REQUIRES A CURRENT RESALE CERTIFICATE(S).

Please provide the information mandated by the states where your business operates certifying that purchases are for resale.

FAX OR EMAIL APPLICATION:
F: 877-894-6918 or 866-977-3901 | E: creditapp@milestone.com

SIGNATURE

TITLE

DATE

CREDIT CARD AUTHORIZATION INFORMATION

DATE

TO

FAX

FROM: SALES DEPARTMENT, MILESTONE AV TECHNOLOGIES INC.

Thank you for order. Per your request, we will charge your credit card for your purchase order. In order to be able to process your order, please complete the form below and have the cardholder sign indicating permission to charge their credit card. Please return this along with your opening order to creditapp@milestone.com.

CREDIT CARD INFORMATION

VISA

MASTERCARD

AMERICAN EXPRESS

DEBIT CARD

CREDIT CARD

NAME ON ACCOUNT

ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE

BILLING ZIP CODE OF CC

SIGNATURE

Please contact us if you have any questions. Thank you.