

OEM SYSTEMS COMPANY, INC.

Distributor Application

Upon completion, please fax to the number at the bottom of this form or email to info@oemsystems.com

Billing Information

Legal Business Name: _____ Yrs. in Business: _____

DBA Name: _____ Primary Contact: _____

Phone: _____ Cellular: _____ Fax: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Physical Address: (if different) _____

City: _____ State: _____ Zip: _____ Country: _____

State Tax ID Number: _____ Website: _____

Accounts Payable Contact (If different than above)

Name: _____ Phone: _____ Email: _____

Please Select One: Corporation Sole Proprietor LLC LLP

Do you have a corporate office? Yes No

How did you hear about us? Email (date of email _____) Rep Google Other: _____

Invoice Preference: Paper Email Both

Ship To Information Same as mailing address Same as physical address

Business Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Target Markets:

Home Theatre 2 Channel High-End Audio Multi-Room Audio Commercial Audio Other: _____

Type of Business: Custom Installation Consultant Retail Other: _____

Do you have a retail sales staff? Yes No If Yes, number of employees: _____

Do you have an installation dept.? Yes No If Yes, number of employees: _____

Please tell us the top 6 brands you sell: _____

Signature: _____ Date: _____