

# PROFESSIONAL AUDIO COMPONENTS, CORP.

Professional Audio Components (Pac) Corp, 85A Saratoga Blvd. Island Park, NY 11558  
Phone: 1(516) 629-9088 Fax: 1(516) 6325278

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name or title of persons authorized to act on your behalf:

\_\_\_\_\_

No. of employees: \_\_\_\_\_

No. of stores: \_\_\_\_\_

State where your company was organized: \_\_\_\_\_

Date business established? \_\_\_\_\_

Federal tax ID or Social security: \_\_\_\_\_

How did you hear about Beyma? \_\_\_\_\_

Types of products you will purchase: \_\_\_\_\_

Form of payment:

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Money Order \_\_\_\_\_

Check which is applicable to you:

- Corporation General Partnership
- LLC Sole Proprietorship
- Limited Partnership
- Other:



Trade References

Reference #1 Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Reference #2 Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Reference #3 Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

BANK Reference: Bank #1

Account No: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_



We declare that the above information is true; correct, completed and given to induce the company to extend credit. We authorize the Professional Audio Component Corp (PAC Corp). To make such credit investigation as the company sees fit, including contacting the above trade reference, bank and obtaining credit. We authorize all the trade references, banks and credit reporting agencies to disclose to PAC. Any and all information concerning the financial and history of my company and myself: I'm aware not to sell any BEYMA products over the internet without a request.

Under penalties of perjury, I swear or affirm that the information is true and correct as to every material matter. I accept personal responsibility for payment of any sales invoice to my merchandise by PAC Corp.

I have read the term and conditions stated below and agree to all those terms and conditions:

Name of Company: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please FAX with a copy of your resale certificate to (516)632-5278  
All information is necessary to process your application  
Thank you.**





**TO: ALL CREDIT CARD CUSTOMERS.**

**FROM: PROFESSIONAL AUDIO COMPONENTS CORP (PAC CORP) BEYMA AMERICA INC.**

**SUBJECT: CREDIT CARD HOLDERS**

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In order to further protect our customers, we will now require written authorization to process any credit card orders submitted by telephone. Please provide the information requested below. Print and sign your name and date.

Please note that your order will not be processed if we do not receive this information.

**COMPANY NAME:** \_\_\_\_\_

**CARD TYPE:** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_

**CREDIT CARD #** \_\_\_\_\_ **SECURITY CODE #** \_\_\_\_\_

**CARDHOLDER'S NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**AMOUNT OF PURCHASE \$** \_\_\_\_\_

**NAME OF PERSON GIVING AUTHORIZATION** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

By signing below, I hereby authorize Professional Audio Components Corp (Pac. Corp) BEYMA America Inc. to process my credit card order.

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Sign and Date

Print Name

Please sign and return by fax to (516) 632-5278

