



Professional Audio Components

Island Park, NY 11558 & Tampa, Florida 33605

CUSTOMER APPLICATION

All information is necessary to process your application

Last name: _____ First Name: _____

Company Name _____

Address: _____

Phone: _____ Cell phone: _____

Email: _____

Type of business: _____

Check which one is applicable to you:

- Corporation / General Partnership LLC Sole Partnership
 Limited Partnership Other _____

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

Number of stores: _____ Number of employees: _____

Date your company was established & where? _____

Federal tax ID or Social Security: _____

Type of payment:

- Cash Check Credit Card Money Order Zelle

Send Zelle to nt@beymaamerica.com for payment

What products will you purchase? _____

How did you hear about Pac Corp?

PROVIDE 3 REFERENCES:

Reference#1

Last name, First name: _____

Address: _____

Email: _____ Phone: _____

Reference#2

Last name, First name: _____

Address: _____

Email: _____ Phone: _____

Reference#3

Last name, First name: _____

Address: _____

Email: _____ Phone: _____

BANK INFORMATION:

Name of bank _____

Contact Person: _____

Address: _____

Account number: _____

Phone number: _____

I _____, declare that the above information is true, correct, completed and given to induce the company to extend credit. I authorize Pac Corp, Professional Auto Components, to make such a credit investigation as the company sees fit; including contacting the above trade references and bank. I authorize all trade references, banks and credit reporting agencies to disclose to Pac Corp all information concerning the financial history of my company and myself. In addition, I am aware that I am NOT allowed to sell any Pac Corp products over the internet without previous authorization.

Under penalty of perjury, I swear, affirm, that the information is true and correct as to every material matter. I am responsible for payment of any merchandise I purchase from Pac Corp.

I have read and agree to ALL terms and conditions stated below

- Minimum quarterly purchase to keep your dealer account active
- No purchase within a year deactivates your account
- For reactivation, you must submit an opening order
- 15% re-stocking fee of all items
- American Express has a 5% credit card fee
- Items are non-returnable if not in original packaging & condition
- Repairs must be picked up within 30 days
- Agree to MAP price protection
- Any orders placed after 3pm will be shipped next business day
- No returns after one year from date of purchase

Name of company: _____

Print name _____ Date _____

Signature: _____ Title: _____

Please send via email with a copy of your resale certificate to nt@beymaamerica.com

Thank you.



PROFESSIONAL AUDIO COMPONENTS CORP.

CREDIT CARD BILLING AUTHORIZATION FORM.

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. Please complete and email to nt@beymaamerica.com. Also include a copy of an identification.

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 _____

Note: American Express has a 5% credit card fee

By signing below, I hereby authorize Professional Audio Components Corp (PAC CORP) to process my credit card.

Sign and Date

Print Name