

# KENWOOD

Listen to the Future

## DEALER APPLICATION

(Easy On-Line Application Available at [www.ecom-supply.com](http://www.ecom-supply.com))

KENWOOD WHOLESALE DISTRIBUTOR

e Commerce Supply  
15375 Barranca Pkwy H108  
Irvine, CA 92618-2209

949-502-5588 949-480-0039 FAX  
[www.ecom-supply.com](http://www.ecom-supply.com)  
[wholesale@ecom-supply.com](mailto:wholesale@ecom-supply.com)

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Web Address \_\_\_\_\_

Type of Business and Products Sold \_\_\_\_\_

Corporation (State \_\_\_\_\_)     Sole Proprietorship     Partnership    Years in Business \_\_\_\_\_

General Manager \_\_\_\_\_ Email Address \_\_\_\_\_

Sales Manager \_\_\_\_\_ Email Address \_\_\_\_\_

Accts Payable Contact \_\_\_\_\_ Email Address \_\_\_\_\_

Tax Resale Number \_\_\_\_\_ Please provide a copy of your State Tax Resale Certificate with Application

Payment Type     Major Bankcard     COD    \* Net 30 Days (On Approved Credit with Opening Radio Order)

\*Please allow 5 to 10 working days to process an open account application. If product is needed immediately, orders can be shipped via UPS COD or paid with a bankcard (3% fee may apply).

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### BANK REFERENCE

Bank \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

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### SUPPLIER REFERENCES

Supplier \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Supplier \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Supplier \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_