



14 Everberg Road  
Woburn, Massachusetts 01801  
781.939.5630  
[www.proaudioinc.com](http://www.proaudioinc.com)

Dear Prospective Dealer:

Thank you for your interest in Professional Audio Associates.

Pro Audio has become the preeminent audio/video distributor in New England. From our warehouse and training facility in Woburn, Massachusetts and our new location in Canton, Massachusetts we provide the fastest possible delivery. Either by direct pickup, our own delivery drivers, or by UPS and other common carrier services we can deliver to most of New England within twenty-four hours.

Attached you will find our new dealer application, credit card authorization form, a complete line card, and a pair of optional LG and Yamaha authorized reseller agreements (approval required).

Fill out the attached documents and save the file to complete the application. E-mail completed applications to [newdealers@proaudioinc.com](mailto:newdealers@proaudioinc.com)

Upon review of your application we will contact you to discuss your business model, and pending approval welcome you to Professional Audio Associates. In the meantime, for the most current information about products and services, you may visit our website at [www.proaudioinc.com](http://www.proaudioinc.com).

Thank you again for your interest in becoming a Pro Audio dealer.

Sincerely,

The Staff at Professional Audio Associates

.....

### New Dealer Profile

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

Rep Name: \_\_\_\_\_

*For Internal Use Only*

#### Company Information

Legal Name: \_\_\_\_\_

dba: \_\_\_\_\_

#### Bill To:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

#### Ship To:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**Principal Name:** \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Buyer Name:** \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**A/ P Contact:** \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\*\*Resale No:** \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  
(Visa, MasterCard, Amex or Discover)

Account #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

**\*\*Note: Dealers Must Supply Company Resale No. & Attach ST-4 Certificate to be Non-Tax**

**Company Information Continued:**

Year Founded \_\_\_\_\_

Are you a Buying Group Member? \_\_\_\_\_

Annual Sales \_\_\_\_\_

If yes, what group? \_\_\_\_\_

**Legal Description**

**Business Activity**

\_\_\_\_\_ Proprietorship

\_\_\_\_\_ Retail Outlet

\_\_\_\_\_ Partnership

\_\_\_\_\_ Custom Installer w/ Showroom

\_\_\_\_\_ Corporation

\_\_\_\_\_ Custom Installer

\_\_\_\_\_ Subsidiary/ Division of

\_\_\_\_\_ Commercial Sound Contractor

**Marketing Information**

**OTHER LINES CARRIED:**

Video Lines:

Multi Zone  
Electronics:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speaker/ Sub Lines:

Wire &  
Interconnects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electronics Lines:

Remote Controls:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accessories:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

Name as it appears on credit card: \_\_\_\_\_  
(Please Print)

Credit Card Type: \_\_\_\_\_  
(Visa, MasterCard, AMEX or Discover)

Credit Card# \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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

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

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

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

As the credit card holder, I hereby authorize Professional Audio Associates, Inc. to charge all purchases made by my company (via phone, fax or e-mail) to the above credit card.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name above, you agree this is valid as your signature.



## Professional Audio Associates Fulfillment Dealer Application

Corporate or Other Legal Name:	
Trade Name:	
Legal Form of Business Entity	
Principals Address, City, St & Zip Code:	
Principals Tele #:	
Principals Fax #:	
Principals Email Address:	
Channel of Business:	<input type="checkbox"/> Retail <input type="checkbox"/> Custom <input type="checkbox"/> Rental

Professional Audio Associates hereby request that the above-named "Dealer" be recognized as an authorized dealer with authority to promote and sell consumer electronics products and accessories made available from LGEUS under its sales programs.

Authorized Locations- Attachment A

**Dealer** (principal)

**By:** (signature) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**ATTACHMENT A  
AUTHORIZED LOCATIONS- DEALER**

**Locations & Contact Information:**

**Main Office Location:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*(Street Address) City State Zip*

**Contact:**

**Telephone:**

**Fax:**

**Email:**

**Other Authorized Locations**

*(Attach list if desired - must include Contact Name, Title, Street Address, City, State, Zip, Tele, Fax, Email):*