

TECNEC USA & CANADIAN DEALER/CREDIT APPLICATION

Please Print or Type



Div. Tower Products, Inc.
812 Kings Highway • Box 397
Saugerties, New York (USA) 12477
Offices: 845-246-0428 FAX: 845-246-0626
Sales: 800-543-0909 • E-Mail: tecnec@tecnec.com
www.tecnec.com

TYPE OF ACCOUNT REQUESTED:

- Credit Card
- Prepay w/Check
- Net 20 Open Acct.*

You Must Complete all Sections or this Form will be RETURNED. SIGNED CERTIFICATE OF RESALE MUST ALSO BE ATTACHED.

Name Of Firm _____ Corporation Partnership Proprietorship LLC

Street _____ Subsidiary Of _____

P.O. Box _____ Type Of Business _____

City _____ State _____ Zip _____ Resale/Sales Tax No. _____

Country USA CANADA SS# _____ Or F.E.I.N. _____

Phone: _____ Fax: _____ Purchasing Name/Phone/Fax _____

E-Mail*: _____ Accounts Payable Name/Phone/Fax _____

Website: _____

Of Years In Business _____ Other Locations? Yes No If Yes, How Many? _____

Of Employees _____ How Did You Hear About TECNEC Distributing? _____

Business Operates From Own Building Office Building Home Other _____

What TecNec Products Are You Interested In? _____

IMPORTANT! Please provide your Company Profile or internal contact information (sales, purchasing etc.) so we may keep you updated with new products and literature. Authorized Dealers can log in to our web site for the latest prices.

* Although I have provided my e-mail & fax number, I **do not** wish to receive promotional e-mails sent by TecNec.

Current Industry Memberships

- NAB SMPTE ITVA SBE AES
- NSCA NAMM CEDIA Other

Please List a MINIMUM OF FOUR (Required) Manufacturers/Distributors for Which You are a Dealer, Contractor or Installer.

| | |
|--|--|
| 1. Company _____ Address _____ City _____ State _____ Zip _____ Phone & Fax _____ Doing Business Since: _____ | 2. Company _____ Address _____ City _____ State _____ Zip _____ Phone & Fax _____ Doing Business Since: _____ |
| 3. Company _____ Address _____ City _____ State _____ Zip _____ Phone & Fax _____ Doing Business Since: _____ | 4. Company _____ Address _____ City _____ State _____ Zip _____ Phone & Fax _____ Doing Business Since: _____ |

I Certify That All Statements Made By Me In This Application Are Correct To My Knowledge. I Authorize Tower Products to Investigate & Verify The Information I Have Provided Herein. I give my permission for the release of information from my bank about my account as requested on this application.

Signature _____ Title _____
Name (Print) _____ Date _____

*Open account privileges are pending our credit approval. Bank Information is not necessary for those dealers using Credit Cards or C.O.D.