



120A Keystone Drive  
 Montgomeryville, PA 18936  
 215-654-1552  
 215-654-1559 Fax

**Dealer Application**

Upon completion of this form, please make a copy for your records and mail or fax the original to:  
 Tech Source Distributors  
 120A Keystone Drive  
 Montgomeryville, PA 18936

Page One

Visit our website at: [www.techsourcedist.com](http://www.techsourcedist.com)

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

- Instructions:**
1. Please print a hard copy of this application.
  2. Print or Type Company Name on top of each page where indicated.
  3. Complete all pages and sign where appropriate.
  4. Fax all pages of this application along with a copy of your State Sales Tax Exemption Certificate.
  5. Applications will not be processed without an accompanying order.
  6. **FAX ALL PAPERWORK TO: 215-654-1559.**

**APPLICATION TYPE:**    New Request    Update Existing    Re-Application

**PAYMENT TERMS REQUESTED:**    Credit Card    COD Certified Check or Cash  
 COD Company Check (Requires Bank Reference)    Check by Fax (Requires Bank Reference)

**BILLING / SHIPPING INFORMATION**

Company Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Date Business Established: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Is Shipping Address A Residential Address:    YES    NO   Telephone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**PRINCIPAL(S)**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Title: \_\_\_\_\_

**CORPORATION INFORMATION**

Date of Incorporation: \_\_\_\_\_ State Corporation Registered In: \_\_\_\_\_

Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP
Nature of Business:	<input type="checkbox"/> A/V Retailer	<input type="checkbox"/> MI Store	<input type="checkbox"/> Custom Installation	<input type="checkbox"/> Video	<input type="checkbox"/> Sound Contractor
	<input type="checkbox"/> Electrician	<input type="checkbox"/> Alarm Installer	<input type="checkbox"/> Sound Reinforcement	<input type="checkbox"/> Other: _____	

Company Annual Sales: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Locations: \_\_\_\_\_

Federal ID # \_\_\_\_\_ State Resale Tax # \_\_\_\_\_



# Dealer Application

Page Two

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

## AUTHORIZATION Required for COD Company Check or Pre-payment with Company Check

I/We authorize Tech Source Distributors to contact bank listed below. I/We understand that Tech Source Distributors will use this information solely for the purpose of accepting your company check as payment for either pre-paid orders or COD shipments.

**Must be signed by an owner, partner, or officer of your company.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

## BANK REFERENCE Required for COD Company Check or Pre-payment with Company Check

***"Bank Reference Inquiry Form" must be completed, page 7***

Bank Name: \_\_\_\_\_ Branch Location: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Bank Telephone: \_\_\_\_\_ Bank Fax Number: \_\_\_\_\_  
Bank Contact Name: \_\_\_\_\_ Checking Account # \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Money Market Account # \_\_\_\_\_

## AUTHORIZED BUYERS (Name all company personnel that have the authority to order products from Tech Source Distributors)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

## COMPANY CONTACTS

Name of Owner/Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Owner/Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Sales Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of Accounts Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## ORDER REQUIREMENTS

Do you require written purchase orders? £ YES £ NO If yes, please fax your orders to 215-654-1559  
**Will you accept COD/CASH or CREDIT CARD on your first order?** £ YES £ NO If yes, please indicate: £ COD £ CREDIT CARD

## SHIPPING LOCATIONS

If you have more than one shipping location, please provide (on Page Six of this application) the addresses, telephone numbers, contact names, and email addresses for additional "ship to" location



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

## GENERAL TERMS & CONDITIONS

### NEW ACCOUNTS

This completed form and a copy of your State Sales Tax Exemption Certificate must be on file with Tech Source Distributors before an opening order can be processed. New account applications will be processed when we have received your opening order.

### PAYMENT TERMS

Tech Source Distributors offers a variety of payment options:

- I Cash, COD Certified Funds, COD Company Check for qualified accounts.
- I Open Account Terms are available for qualified credit approved accounts. We reserve the right to exclude selected products from Open Account Terms.
- I Discover, MasterCard, Visa, or American Express Credit Cards for qualified accounts are accepted. No additional discounts apply to credit card transactions.
- I A completed Credit Card Authorization form is required for COD Company Check or Pre-payment with Company Check.
- I Automatic Debits (Check by Fax) Contact Tech Source for set-up form.

Please note that certain products are sold on a Net, Net basis (no additional discounts apply).

### RETURNED CHECKS

A returned check will not be considered resolved until the amount of the returned check plus a \$35.00 processing fee is received by Tech Source Distributors within five (5) business days upon notification by Tech Source Distributors. Payment resolution must be in the form of a certified money order or a cashier's check. If the returned check is not resolved within the five (5) business days, Tech Source Distributors will pursue any and all legal action to resolve the situation.

### ORDERS

Orders may be placed by Fax, Phone, or E-mail. Orders received by 2pm for in-stock product will be shipped same day, **subject to credit approval or credit card authorization.**

**Please Note:** Accounts with no activity during the previous 12 months are considered closed. To re-activate, a new dealer application must be completed and submitted to Tech Source Distributors for approval. All orders are subject to the availability of merchandise.

### SPECIAL ORDERS

Tech Source is pleased to special order products that we normally do not stock, if available. A non-cancelable purchase order must be issued and pre-payment of order by check, money order, or credit card may be required before the order can be placed. Special order products may not be returned for any reason. No Exceptions.

### DROP SHIP ORDERS

Drop Ship Orders are subject to a \$25.00 Drop Ship Fee. We can only drop ship orders for credit card or credit-approved accounts. All drop ship orders are subject to acceptance by Tech Source and supplying vendor. We are not responsible for damaged, lost, or stolen goods on items that have been drop shipped.

### SHIPPING

All shipments are FOB: Montgomeryville, PA. UPS/FedEx Shipments will be prepaid and billed. Truck shipments are prepaid and billed. Most items are shipped UPS Ground. Residential shipments incur additional fees. We also offer Next Day Air, Second Day Air, and Third Day Air shipping at an additional cost. All shipping, billing, and pricing errors must be reported to Tech Source within 2 days of receipt of the shipment.

**"No Signature Required"** delivery requests require a signed **No Signature Waiver** form. Call Tech Source for details.

### DAMAGES

**All claims for freight damage/shortage(s) must be made with the freight carrier within 2 days of receipt of merchandise.**

Tech Source Distributors is not responsible for any shortages, damage, or losses by any of the freight carriers utilized. It is your responsibility to note discrepancies with the driver of the carrier. You must save all boxes and packing materials for damage inspection by the carrier.

### REFUSED ORDERS

Any order that is refused and returned to Tech Source Distributors will be charged for all shipping & handling charges plus a restocking fee.

### RETURN MERCHANDISE POLICY

No returns will be accepted without prior authorization. All returns are subject to a re-stocking charge and must be shipped freight prepaid. We do not offer a stock adjustment program.

**ALL SALES ARE FINAL** and subject to the availability of merchandise.



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

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**GENERAL TERMS & CONDITIONS – continued**

**PRODUCT WARRANTIES**

Tech Source Distributors does not offer any warranty, expressed or implied. All products sold by Tech Source Distributors are covered under the individual manufacturer’s stated warranty, except where noted. Please refer to the manuals or warranty card enclosed with the product for details of the warranty. Please check with the manufacturer for a list of service centers.

**PRICING**

Possession of a price sheet does not constitute an offer to sell. All pricing is subject to change without notice. We do not offer a price protection program.

**TERRITORY RESTRICTIONS**

Some of our product lines are sold on a selective distribution basis. Territory restrictions apply to certain products and/or manufacturers.

**PRIVACY POLICY**

We value your privacy. All information derived from this submitted application is confidential. Tech Source Distributors will never offer or sell your information to any third party without your expressed written permission.

**DISCLAIMERS**

The dealer assumes all responsibility for proper selection, design, installation, operation, and maintenance of all the merchandise provided by Tech Source. The dealer will not hold Tech Source Distributors liable for any damage due to misunderstanding, improper installation, including but not limited to loss of profits. Tech Source makes every effort to insure the accuracy of information contained in its price lists, marketing materials, web site, and catalogs whether printed or electronic. Tech Source Distributors accepts no liability for errors contained therein. All specifications, terms and conditions, availability, model changes, and pricing are subject to change without prior notice. By placing an order, customer accepts all terms and policies stated herein.

**WEB & RESALE POLICY**

All sales of product purchased from Tech Source Distributors must be directly to end users in your geographical area or via an accompanied installation. No trans-shipping! You are also prohibited from selling purchased products via the Internet or e-commerce. Your purchasing of products from Tech Source Distributors constitutes acceptance of these terms. Failure to abide by this policy will cause us to cease selling you any and all products. Please help keep the marketplace clean for your fellow dealers!

**VENDOR RESELLER AGREEMENTS**

Manufacturers (Vendors) may require a separate “Reseller Agreement” be signed and submitted to Tech Source before subject brand, or product(s) can be purchased by dealer. We will provide any required Vendor Reseller Agreements.

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**COMMUNICATIONS**

**From time to time, Tech Source Distributors sends information related to product news, product training events, promotions, pricing, policies, and general updates. Please provide E-mail addresses to receive this info.**

Authorized email addresses to receive this info:

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



# Dealer Application

Page Five

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

## ADDITIONAL STORE, BRANCH LOCATION, or SHIP-TO LOCATION (If Applicable):

Name of Store or Branch (if different): \_\_\_\_\_

May this store or branch issue Purchase Orders?    £ YES    £ NO    May this store or branch receive info or specials via email?    £ YES    £ NO

If yes, please indicate name of authorized buyer(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Is Shipping Address A Residential Address:    £ YES    £ NO    Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## IMPORTANT: **Tech Source Distributors sends invoices via e-mail.**

Please provide the e-mail address(s) to which you wish to receive invoices:

Primary Invoice Email Address: \_\_\_\_\_

Secondary Invoice Email Address: \_\_\_\_\_

## ACCEPTANCE

I have read, understand and accept all terms and conditions as stated on this Tech Source Distributors Dealer Application. **Must be signed by an owner, partner, or officer of the company.**

DEALER NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES: Please be sure to include a copy of your State Sales Tax Exemption Certificate along with this application. We cannot process this application without this document.**

If you have any questions, please call us at: 215-654-1552  
Fax 215-654-1559





# BANK REFERENCE INQUIRY FORM

Please fill out this form so we may submit for information from your bank. Thank you.

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

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

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

Bank Name: \_\_\_\_\_

Account Number, Checking: \_\_\_\_\_

Account Number, Savings: \_\_\_\_\_

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

The undersigned certifies that the above information is true and correct. The undersigned authorizes above bank to release financial information as requested. This information shall remain strictly confidential.

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Bank Use Only:

Dear Bank Officer:

The above company has listed your bank as a credit reference. Please help us make a fair decision by completing this form and returning by fax at your earliest convenience. We appreciate your assistance with the following information. The information provided to our company will be held strictly confidential. Thank you.

#### Checking

#### Savings

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

Average Balance: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Available bank borrowing: \_\_\_\_\_ Balance Due? \_\_\_\_\_ Is this Current/Not Current? Y N

Insufficient Funds? YES \_\_\_\_\_ NO \_\_\_\_\_ How Many? \_\_\_\_\_ How Much? \_\_\_\_\_

Comments: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this information to Fax 215-654-1559. Thank you.**

Nutech Distributors, Inc. T/A Tech Source Distributors  
120A Keystone Dr., Montgomeryville, PA 18936  
215-654-1552 Fax 215-654-1559