



# Reseller Approval and Credit Application

**FOR DEALERS AND DISTRIBUTORS** This application must be submitted with your 1<sup>st</sup> Order. Apply to purchase and resell Stage Magic Inc. products. Also apply for credit account **5% 10, Net 30.**

**RETURN TO STAGE MAGIC** Fax (919) 834-4295 Mail Stage Magic Inc., Sales, 5209 Birchleaf Dr., Raleigh, NC 27606

As used herein, the company applying is the *Purchaser*.

<b>FOR INTERNAL USE</b>	Customer # _____	Rep. _____
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## SECTION I — GENERAL INFORMATION All Dealer and Distributor applicants fill out this section.

Legal Business Name		Month/Year Established	Phone
Doing Business As (DBA)		DUNS #	Fax
Billing Address		City	State/Country/Zip
Shipping Address		City	State/Country/Zip
Owner	Title	Home Phone	% Ownership
Partner/Co-Owner	Title	Home Phone	% Ownership
General Manager	Controller	Service Manager	
Sales Manager	Authorized Purchaser	A/P Contact	
Federal Tax ID # (SSN If Sole Proprietor)	Tax Exempt Identification # (Tax will be charged unless Certificate is enclosed)	E-Mail Address	
<b>Reseller Type</b> (check all that apply) <input type="checkbox"/> Dealer <input type="checkbox"/> US Distrib <input type="checkbox"/> INTL Distrib (outside U.S.) <input type="checkbox"/> Need ID and Password to order online			
<b>Purchasing Method</b> (check all that apply) <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <input type="checkbox"/> 5% 10, Net 30 (see next page to apply)			
<b>Products Sold</b> <input type="checkbox"/> Guitars <input type="checkbox"/> Basses <input type="checkbox"/> Keys <input type="checkbox"/> Amplifiers <input type="checkbox"/> Effects <input type="checkbox"/> Pedalboards <input type="checkbox"/> Pedal Accessories <input type="checkbox"/> Cables			
<b>Number of Employees</b> _____ <b>Annual Company Sales</b> Current Year (K \$) _____ Prior Year (K \$) _____			
<b>Business Facilities</b> <input type="checkbox"/> Owned <input type="checkbox"/> Leased (Landlord _____)			
<b>Business Type</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Parent Company <input type="checkbox"/> LLC <input type="checkbox"/> Branch/Division/subsidiary <input type="checkbox"/> Other _____ Business organized in which state _____			
<b>If subsidiary or branch, please provide the following information regarding parent or home office:</b>			
Legal Business Name		Phone	Fax
Address		City	State/Country/Zip
<b>Has parent company, as named above or under a former name, ever filed bankruptcy?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES: Year _____ Please explain:			



**SECTION II — CREDIT INFORMATION**

Applicants for credit accounts fill out this section. Terms 5% 10, NET 30

**BANK REFERENCE (IF INTERNATIONAL, PLEASE PROVIDE USA BANK)**

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

**TRADE REFERENCES — LIST FOUR COMPANIES YOU ARE CURRENTLY PURCHASING FROM  
(IF INTERNATIONAL, PLEASE LIST USA COMPANIES FIRST)**

**PRIMARY VENDOR REFERENCES :**

1. \_\_\_\_\_  
 VENDOR  
 \_\_\_\_\_  
 CONTACT  
 \_\_\_\_\_  
 PHONE  
 \_\_\_\_\_  
 FAX  
 \_\_\_\_\_  
 ACCOUNT #  
 \_\_\_\_\_  
 YEAR ACCOUNT ESTABLISHED

2. \_\_\_\_\_  
 VENDOR  
 \_\_\_\_\_  
 CONTACT  
 \_\_\_\_\_  
 PHONE  
 \_\_\_\_\_  
 FAX  
 \_\_\_\_\_  
 ACCOUNT #  
 \_\_\_\_\_  
 YEAR ACCOUNT ESTABLISHED

**OTHER TRADE REFERENCES :**

3. \_\_\_\_\_  
 VENDOR  
 \_\_\_\_\_  
 CONTACT  
 \_\_\_\_\_  
 PHONE  
 \_\_\_\_\_  
 FAX  
 \_\_\_\_\_  
 ACCOUNT #  
 \_\_\_\_\_  
 YEAR ACCOUNT ESTABLISHED

4. \_\_\_\_\_  
 VENDOR  
 \_\_\_\_\_  
 CONTACT  
 \_\_\_\_\_  
 PHONE  
 \_\_\_\_\_  
 FAX  
 \_\_\_\_\_  
 ACCOUNT #  
 \_\_\_\_\_  
 YEAR ACCOUNT ESTABLISHED



**SECTION III — SIGNATURES**

The information contained in this credit application, as well as that given on the accompanying pages, is for the purpose of obtaining credit and is warranted to be true under penalty of perjury. I hereby authorize Stage Magic Inc. to investigate references listed pertaining to purchaser's credit and financial responsibility, as well as obtain personal credit information regarding the listed owner(s) of purchaser.

**SIGNED BY** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME/TITLE:** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**CO-SIGNED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME/TITLE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**SECTION IV — SALES TAX EXEMPTION**

To be completed by US companies only.

This is to certify that all material, merchandise, or goods purchased by the undersigned from Stage Magic Inc. after date shown below is purchased for the following purpose:

- RESALE AS TANGIBLE PERSONAL PROPERTY
- TO BE INCORPORATED AS MATERIAL FOR MANUFACTURING, ASSMBLING, OR REFINING. AND BEFORE RESALE
- TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE UNITED STATES

This certificate shall be considered a part of each order received as is to continue in force until revoked. Purchaser assumes full responsibility for remitting state sales taxes as appropriate and Stage Magic Inc. will not invoice for such taxes as indicated by the Certificate Number below.

**CERTIFICATE NUMBER:** \_\_\_\_\_ **SIGNED BY:** \_\_\_\_\_

**VALID SALES TAX EXEMPTION CERTIFICATE MUST BE PROVIDED TO AVOID SALES TAX**  
EXCEPT WHERE STATES ARE EXEMPT FROM SALES TAX