

# DEALERSHIP APPLICATION FORM



Wireless Audio Distributor for Multi TVs:  
Sports bars, Night clubs, Fitness centers



## Company Information

Company Name :

Contact Name :

Company Address :

City, State, Zip :

Telephone (Office) : ( )

Telephone (Cell) : ( )

Fax : ( )

Email :

Web Site : www.

Former Business Name  
& Address (Optional) :

Nature of Current  
Business :

No of Years in current  
business :

State of  
Incorporation :

Federal Tax ID # or  
SSN :

Ownership : Sole / Partner / Corporate

Officer 1 Name : Title :

Officer 2 Name : Title :

No of Employees : Annual Sales : \$

Trade Reference :

\*Do you have a storefront? YES / NO

\*Are you able to repair players? YES / NO

Name :

Signature : Date :

Comments :

\* Please return it via Fax (562-777-1851) / email (sales@cinet.com) / mail  
(Cinet INC. 8616 Phoenix Drive, Manassas, VA 20110)