

MottAudio **Guardian Audio**

Dealer Application

If requesting open account terms please complete page 2 and 3.

For C.O.D., Credit Card or Advance Payment please complete page 2.

Email, fax or mail a copy of the resale license, page 2 (and 3 for open account) to:

MottAudio LLC
10341 Blue Fin Drive
Indianapolis, IN 46256
317.813.3474 phone and fax
info@mottaudio.com
www.mottaudio.com

Business Legal Name _____

DBA (if different from above) _____

Shipping Address _____

Shipping City, State, Zip _____

Billing Address (if different from above) _____

Billing City, State, Zip _____

Phone _____ Fax _____

Email Address _____

Web Address _____

Resale Tax ID (attach copy) _____ or Federal ID _____

Partnership () Sole Proprietorship () LLC () Corporation ()

Preferred Terms: COD () Credit Card () Open Account () Requested Limit \$ _____

Owner _____ Phone _____

I, the undersigned, hereby give consent for MottAudio LLC to obtain a credit report on me/us for the express purpose of evaluating my/our credit worthiness in connection with this application. MottAudio LLC may, at its discretion, deny extending credit for any reason. In consideration of goods sold or services provided by MottAudio LLC to the business listed herein, I personally guarantee payment of this account. I also agree that in the event suit is necessary to enforce collection of any amounts due to MottAudio LLC, that suit may be filed in any court in Marion County, Indiana and agree to submit to the jurisdiction thereof. I hereby certify that all the information contained herein is true and correct.

Authorized Signature

Date

Printed Name

Title

Trade References

(if requesting open account terms)

Reference 1: _____

Account #: _____ COD() or Open Account() Credit Limit: \$ _____

Phone: _____ Fax: _____

Reference 2: _____

Account #: _____ COD() or Open Account() Credit Limit: \$ _____

Phone: _____ Fax: _____

Reference 3: _____

Account #: _____ COD() or Open Account() Credit Limit: \$ _____

Phone: _____ Fax: _____

Reference 51: _____

Account #: _____ COD() or Open Account() Credit Limit: \$ _____

Phone: _____ Fax: _____

Reference 5: _____

Account #: _____ COD() or Open Account() Credit Limit: \$ _____

Phone: _____ Fax: _____