



Corporate Headquarters
 Sound Product Marketing, Inc.
 12 Petra Lane, Albany NY 12205
 tel: (518) 869-2599 | fax: (518) 869-3795
www.spmreps.com | info@spmreps.com
 Business Hours: 7:30am-5:00pm EST, Monday-Friday

General Account Information

Company Name: _____ Date: _____

BILL TO ADDRESS

Street: _____ EIN# _____

City, State: _____ Zip: _____ Business Tel: _____

SHIP TO ADDRESS (More than one ship to address? Please use another form.) Business Fax: _____

Street: _____ Residence: _____

City, State: _____ Zip: _____ Cell: _____

Shipping Method: UPS Will Call

Billing Add'l
 Email: _____ Email: _____

Individuals above will receive regular correspondence from our office regarding basic account information, product developments and news, training announcements and overall marketing material. If there are others at your business you would like to receive this information, please list those names and emails on another sheet or email them directly to us.

Preferred Terms: Credit Card COD Credit Limit Requested: \$ _____

Please allow up to two weeks for credit reference check on COD, special terms and credit limit requests

Until reference check is completed, which method is preferred for payment? Credit Card CODC (certified/cashiers check only)

Would you Prefer to receive Invoices via Email _____ or Mailed _____ (please select one)

PRINCIPALS

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Authorized Purchasers: _____

Individual Ownership Partnership Corporation Date Started: _____

Type of Business: _____ Home AV Car 12-Volt Both

How did you hear about us? Email Flyer Catalog Fax Flyer another Dealer You Came to Me

For SPM Office Use

Acct # _____ Sales Rep Initials: _____ Online Access Yes No Online PW: _____



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Credit Card Authorization

Sound Product Marketing requires a major credit card (Visa or MasterCard only) be kept on file for all purchases, regardless of payment terms. Please sign & return this completed form to Sound Product Marketing before you request any credit card transactions take place. Additionally, we require authorization to utilize the credit card for all delinquent accounts that are thirty-one (31) days or more past due.

I, _____, of _____ authorize Sound Product Marketing to charge my credit card (listed below) for orders placed either verbally or in writing. Sound Product Marketing is authorized to charge the credit card for past due balances (31 days or more) as well as any balances remaining due to returned checks and their associated fees.

#1 Type of Card (circle one): Visa Mastercard American Express

Name as it appears on card: _____ Drivers License #: _____

Billing Address for card:

Street Address and Suite/Apartment/Building # if applicable

City

State

Zip Code

Card Number: _____ Exp Date: _____ CVV2 Code: _____
(usually on back of card)

Signature: _____

Date: _____

Optional #2 Type of Card (circle one): Visa Mastercard American Express

Name as it appears on card: _____ Drivers License #: _____

Billing Address for card:

Street Address and Suite/Apartment/Building # if applicable

City

State

Zip Code

Card Number: _____ Exp Date: _____ CVV2 Code: _____
(usually on back of card)

Signature: _____

Date: _____

Copy of Credit Card Here

Copy of Drivers License Here



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Trade References

Please name your largest suppliers in full. Include full address, city, state and zip.

#1 Name: _____ Account# _____
 City: _____ State: _____ Zip: _____ Fax: _____

#2 Name: _____ Account# _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

#3 Name: _____ Account# _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

#4 Name: _____ Account# _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

#5 Name: _____ Account# _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Fax: _____

Bank Reference & Information

Many banks now require an original signature from customers to release bank information. To expedite the process of processing your credit application, please complete the information below. Your signature gives written approval for release of bank information to SOUND PRODUCT MARKETING. Return the form with your completed credit application.

Bank Name: _____ Account# _____
 Address: _____ Phone: _____
 City, State & Zip: _____ Contact: _____

The undersigned hereby certifies the correctness of the above information, which is hereby given to SOUND PRODUCT MARKETING for its use in considering extending credit terms; agrees payment of any credit purchase by the undersigned, his agent, or employee shall be governed by New York State Law; agrees to pay all attorney fees, collection agency cost up and all other cost incurred by SOUND PRODUCT MARKETING to collect payment; agrees venue of any suit to enforce payment may be laid in Albany County, New York. The undersigned applicant also agrees to the above terms and conditions and assumes personal responsibility for payment of said account. It is understood credit would not be extended to said company without assumption of liability.

Signature: _____
 Must be Principal/Owner

Printed Name: _____ Date: _____



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TERMS & CONDITIONS MUST BE SUBMITTED TO COMPLETE DEALER APPLICATION PROCESS

SALES TERMS:

Wholesale Sales Only.

- All customers must provide resale certificate and Tax ID. New York State dealers **must submit a copy of reseller permit**.
- All merchandise sold with the intention of resale by the purchaser.
- No Minimum Order.

All orders received by 1:00pm EST can be shipped same day based on product availability. Add-on orders will be considered new orders and processed accordingly. SPM is not responsible for typographical errors or erroneous data in publications. Backorders are shipped automatically. Please call in advance if you wish to cancel. Prices are subject to change without notice. Prices in effect at time of shipment will be applied. Some product lines are available in certain territories only, as stipulated by the manufacturer.

PAYMENT TERMS:

- C.O.D. Certified Funds (Cashier's Check or Money Order) for new customers. COMPANY CHECKS NOT ACCEPTED WITHOUT CREDIT APPROVAL.
- C.O.D. Company Check available with approved credit. Allow two weeks for processing of all credit applications.
- Net terms available with approved credit. Allow two weeks for processing of all credit applications.
 - All Net terms are calculated from invoice date.
 - No shipments will be made on any past due accounts.
 - Any account that becomes delinquent is automatically changed to C.O.D. terms.
 - All delinquent accounts will be sent for collection and the customer will pay all collection charges.
- For your protection, Visa, MasterCard, Amex & Discover accepted only with signed Credit Card Authorization on file.
- \$50 returned check charge will be assessed for any check returned for any reason.

FREIGHT TERMS:

All orders are shipped FOB Albany, NY. Damages are the responsibility of the carrier once the shipment is released from SPM. The customer must make damage claims to the carrier as soon as detected. Save all boxes and packing material. All shipping/pricing discrepancies must be reported within 5 days of receipt of order. If purchaser refuses order for any reason, SPM shall be compensated for all shipping charges and a 15% restock fee. All freight charges are subject to dimensional/oversize carrier weight regulations. Addresses determined by carrier as residential are subject to residential delivery rates.

RETURNS:

All returns require a Return Authorization Number issued by an authorized SPM representative. RA's received without this authorization number will not be accepted. RA's are effective for 30 days only. All returns must be returned to SPM freight PREPAID. Replacements will be sent with no freight expense to the customer. All non-defective returns will be assessed a 15% restock fee within 30 days of purchase and will only be accepted in re- salable condition with all original packaging. Freight charges will not be refunded. All items returned with missing parts will be charged a 15% re-manufacturing fee.

Defective products must be processed per each Manufactures Return Policy respectively. We have no control over each of our Manufactures Return Policies. Defective product must be returned to the manufacturer, under the specific warranty allowances. Upon receipt, we will credit your account for merchandise costs and you are responsible for handling the transaction with your customer. Special orders or closeouts are not eligible for return. Returns will not be accepted after 90 days after sale, regardless of reason. RA number must be printed clearly on outside carton and all products must be securely protected in packaging. Items showing obvious signs of misuse, consumer abuse or commercial use are not eligible for return. Allow two weeks for return processing.

No Cash Refunds will be allowed. Credit only will be issued for the amount paid on the original invoice.

I UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS STATED ABOVE

Principal Signature: _____ Title: _____

Printed Name: _____ Date: _____

Company: _____