



TORQUE

AUDIO

DEALERS

NEW DEALER APPLICATION





NEW DEALER APPLICATION

- Company Name:
- Billing Address: (Street, City, State, Zip)
- Phone:
- Website:
- State Resale Certificate #:
- Business Established Since:
- Federal Employer Identification #:

- Shipping Address
- Address: (Street, City, State, Zip)
- Phone:
- Contact: Email:

- Company is : Partnership / Sole Proprietorship / Corporation



Ownership Information & Bank Reference Information:

- Title:
- Name:
- Phone #:
- Bank Name:
- Bank Account Number:

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Credit Card Authorization Form

In all transactions there will be added a 2.99% to the charge for processing (VISA / MASTERCARD / DISCOVER / AMEX)

- Company Name #:
- Credit Card #:
- CSV # (3 or 4 Digit Number) :
- Expiration Date:
- Name on Card:
- Card Billing Address: (Street, City, State, Zip)
- Phone #:



**Card Signature Authorization & Agree - TORQUE AUDIO
Terms and Conditions.**

X _____

**I hereby authorize TORQUE AUDIO to charge my
credit card on all my orders.**

**I REALIZE THAT THIS CHARGE CANNOT BE UNDONE OR
REFUNDED.**

