



## NEW DEALER APPLICATION

Company Name:

Billing Address: (Street, City, State, Zip)

Phone:

Website:

State Resale Certificate #:

Business Established Since:

Federal Employer Identification #:

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Shipping Address

Address: (Street, City, State, Zip)

Phone:

Contact: Email:

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Company is : Partnership / Sole Proprietorship / Corporation

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Ownership Information & Bank Reference Information:

Title:

Bank Name:

Name:

Bank Account Number:

Phone #:

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 #:

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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.