

Requirements

1. Complete International Account Application. Please include at least 4 credit references with their fax numbers or e-mail addresses referencing your account numbers, with those companies.
2. Products must be for resale.

Once an account has been established, there are no minimum order requirements. You will receive all International mailings.

Other Payment Options Include:

- Prepayment by Company checks
- Credit Card
- Wire Transfers

Disclaimers:

1. Any new account with less than 6 months purchase history must prepay any electrical product order by company check or credit card.
2. Please contact Chief's Sale Department 952-894-6280 or at 952-894-6918 for additional information.

*****To avoid delay in processing, please complete all sections*****

BILL TO:		SHIP TO:	
Company: _____		Company: _____	
Div/Subsid/DBA: _____		Address: _____	
Address: _____		City: _____	
City: _____		State/Province: _____	Zip Code: _____
State/Province: _____	Zip Code: _____		
Country: _____		Country: _____	
E-mail: _____		E-mail: _____	
Phone#: _____ - - -		Phone#: _____ - - -	
FAX #: _____ - - -		FAX #: _____ - - -	
Website: _____		Email: _____	

Names and addresses of company branches: *(Please include name of branch manager or attach additional page)*

Company Branches:

Branch Name: _____	Branch Name: _____
Branch Manager: _____	Branch Manager: _____
Address: _____	Address: _____
City: _____	City: _____
State & Zip: _____	State & Zip: _____
E-mail: _____	E-mail: _____

Business type: Please check each one that best describes your business

MARKET FOCUS

- ProAV
- Home Theater
- Office Furniture

BUSINESS TYPE

- Dealer
- Distributor

BUSINESS DESCRIPTION

- Systems Integration
- Design
- Service
- Rental
- Reseller
- Cataloger
- Other _____

MARKETS SERVED

- Corporate
- Education
- Government
- Transportation
- Entertainment
- Hospitality
- Religious
- Digital Signage
- Rental
- Broadcasting
- Other _____

List main flat screens sold:
Manufacturers _____

Models _____

List main projectors sold:
Manufacturers _____

Models _____

Do you produce a catalog? _____ How often is it published? _____

What is the approximate circulation? _____

Do you participate in Government bids? _____

Number of Salespeople: _____

Sales Manager: _____ Email: _____

Purchasing Manager: _____ Email: _____

Rental Manager: _____ Email: _____

Marketing Manager: _____ Email: _____

Installer: _____ Email: _____

Design Engineer: _____ Email: _____

Key contact for literature distribution: _____

How many copies of product catalogs & pricing? _____

GENERAL BUSINESS INFORMATION

Business Classification:

- Individual
- Partnership
- Corporation

VAT # or Sales Tax # _____ *Required

Years in Business: _____

Officer's Name: _____ Accounts Payable Contact: _____

Title: _____

Officer's Name: _____ Phone: _____ - _____ - _____ Ext: _____

Title: _____

BANK REFERENCE (must include account #'s)

Bank Name: _____ Officer Handling Acct. _____
Address: _____ City: _____
State: _____ Zip: _____ Country: _____ Phone: _____ - _____ - _____
Checking Acct # _____ Savings Acct # _____

BUSINESS CREDIT REFERENCE - Please supply four references (All references checked via fax or parcel post)

Name: _____ Acct# _____
Address: _____ City: _____
State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____

Name: _____ Acct# _____
Address: _____ City: _____
State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____

Name: _____ Acct# _____
Address: _____ City: _____
State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____

Name: _____ Acct# _____
Address: _____ City: _____
State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____

I certify that all information on this form is correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. In the event that legal action is required to collect money due for goods and services, purchaser shall pay all reasonable collection agency costs, attorney's fees and court costs incurred by seller. I understand and agree that all sales and other transactions between us will be governed by the laws of the State of Minnesota, and any dispute arising from our business relationship will be litigated exclusively in the courts of Minnesota. I consent to the jurisdiction of the Minnesota courts. I further acknowledge that completion and/or acceptance of this application is not an offer to sell, is not a binding contract and does not offer exclusivity in any form.

Date _____ Signed _____ Title _____

Remit to Address:
Milestone AV Technologies Inc.
NW 5661
P.O. Box 1450
Minneapolis, MN 55485-5661

Credit Card Authorization Information

Date: _____

To: _____

Fax: _____

From: Sales Department, Milestone AV Technologies Inc.

Thank you for order. Per your request, we will charge your credit card for your purchase order. In order to be able to process your order, please complete the form below and have the cardholder sign indicating permission to charge their credit card. Please return this form via fax at your earliest convenience. Thank you.

Credit Card Information

Visa MasterCard American Express Discover

Name on Account: _____

Expiration Date: _____

Signature: _____

Account Number: _____

Please contact us if you have any questions. Thank you.