

REQUIREMENTS

1. Complete Account Application. **PLEASE PRINT CLEARLY & LEGIBLY**
2. In order to activate this account, please submit an order within the next 4 weeks. Please ensure your account number is stated clearly on your purchase order (requires credit card payment) or whether you prefer to hold the order until terms are approved. Upon receipt of your order, we will initiate your credit references and send you a complete set of product literature

PAYMENT OPTIONS INCLUDE:

- Terms
- 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. For more information regarding **Chief Manufacturing** call toll-free at 800-582-6480. For more information regarding **Sanus Systems** call toll-free at 800-359-5520.
- Initial order included
- Dealer Program Information Form Included (Sales Team)

* Please complete all required sections to make application process faster

U.S. ACCOUNT APPLICATION

- Sanus Systems**
- Chief Manufacturing**

Internal use only:

Account #: _____

Dealer Code: _____

Credit Terms: _____

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

BILL TO:

SHIP TO:

Company: _____	Company: _____
Div/Subsid/DBA: _____	Address: _____
*Address: _____	City: _____
City: _____	State/Providence: _____ Zip Code: _____
State/Providence: _____ Zip Code: _____	
Country: _____	Country: _____
E-mail: _____	E-mail: _____
Phone#: _____	Phone#: _____
FAX #: _____	FAX #: _____
Website: _____	Website: _____

* Please provide your business mailing address for literature mailings. We cannot send literature to P.O. Boxes.

MANAGERS/BRANCHES:

Sales Manager: _____	Email: _____	Phone: _____
Purchasing Manager: _____	Email: _____	Phone: _____
Installation Manager: _____	Email: _____	Phone: _____
Design Engineer: _____	Email: _____	Phone: _____
Rental Manager: _____	Email: _____	Phone: _____
Marketing Manager: _____	Email: _____	Phone: _____

Number of Salespeople: _____

To whom would you like requested literature sent for company distribution: _____

Would you like literature sent to your branch offices? Yes No

Company Branches:

Branch Name: _____	Branch Name: _____
Branch Manager: _____	Branch Manager: _____
Address: _____	Address: _____
City: _____	City: _____
State & Zip: _____	State & Zip: _____
E-mail: _____	E-mail: _____
Literature Distribution Contact: _____	Literature Distribution Contact: _____
Literature Quantities: _____	Literature Quantities: _____

Company Branches – cont.:

Branch Name: _____	Branch Name: _____
Branch Manager: _____	Branch Manager: _____
Address: _____	Address: _____
City: _____	City: _____
State & Zip: _____	State & Zip: _____
E-mail: _____	E-mail: _____
Literature Distribution Contact: _____	Literature Distribution Contact: _____
Literature Quantities: _____	Literature Quantities: _____

BUSINESS INFORMATION: Please check all that apply to your business. Required information is denoted by an asterisk (*)

Primary Market Focus *

- ProAV/Commercial Applications
- Home Theater/Custom Install/Consumer Electronics
- Workstation

Primary Business *

- Systems Integration
- Design
- Service
- Rental & Staging
- Reseller
- Internet/Direct Response
- Consulting
- Other _____

Markets Served *

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

Do you participate in Government bids? Yes No

GENERAL BUSINESS INFORMATION: Please check all that apply to your business. Required information is denoted by an asterisk (*)

Business Classification: *

- Individual Partnership Corporation

Are you use-tax and/or sales tax exempt: * Yes No

Certificate Number: _____

**Please send copy of certificate*

Years in Business: * _____

Officer's Name: * _____

Accounts Payable Contact: _____

Title: * _____

SS# - - - - -

Officer's Name: _____

Phone: - - - - - Ext: _____

Title: _____

Do you wish to be set up to pay on a Credit Card only? Yes No

Fill in this information only if seeking open credit terms - may take up to 4 weeks to process. We require 4 business credit references before terms will be approved.

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.