

DEALERSHIP APPLICATION FORM

CAVS USA INC.
 10707 Fulton Wells Ave.
 Santa Fe Springs, CA 90670
 (562) 777-1850 Fax (562) 777-1851

Company Information

Company Name : _____

Contact Name : _____

Company Address : _____

City, State, Zip : _____

Telephone (Office) : () _____

Telephone (Cell) : () _____

Fax : () _____

Email : _____

Web Site : www. _____

Former Business Name
& Address (Optional) : _____Nature of Current
Business : _____No of Years in current
business : _____State of
Incorporation : _____Federal Tax ID # or
SSN : _____

Ownership : Sole / Partner / Corporate

Officer 1 Name : _____ Title : _____

Officer 2 Name : _____ Title : _____

No of Employees : _____

Annual Sales : \$ _____

Trade Reference : _____

*Do you have a storefront? YES / NO

*Are you able to repair players? YES / NO

Name : _____

Signature : _____ Date : _____

Comments: _____

*Please return it via Fax (562-777-1851) / email (sales@cavsusa.net) / mail
 (CAVS USA, INC. 10707 Fulton Wells Ave, Santa Fe Springs, CA 90670