

**Company Information** All fields must be completed (please fill in N/A for Non Applicable fields).

Legal Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DBA Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ State Tax Identification: \_\_\_\_\_  
 Website: \_\_\_\_\_ Company Email: \_\_\_\_\_

**Billing & Shipping Address Information**

Billing Street Address: \_\_\_\_\_  
 Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Shipping Street Address: \_\_\_\_\_  
 Shipping City: \_\_\_\_\_ Shipping State: \_\_\_\_\_ Shipping Zip: \_\_\_\_\_

**Contact Information**

**Main Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Accounts Payable:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Authorized Buyer/Purchaser:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Preferences**

Please send invoices via:  Mail (bill to address)  email: \_\_\_\_\_

**General**

Do you have a demo facility:  Yes  No  
 Percentage of Business: \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial

Please list the top 3 brands you currently carry in the following categories:

Projectors / TVs	Speakers	Sources	Control / Other
1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____	3 _____

Please place a check next to all associations to which your company currently belongs:

- CEDIA  HTSA  HES  AVB/Brandsource  
 CEA  Nationwide  Pro Group

**Additional Information Required**

Please include a copy of your tax resale certificate when submitting.

**How to submit this Dealer Application**

Upon completion of this form, you may either send it via:

FAX: 817-446-7505

EMAIL: info@lucasales.com

Lucas Marketing  
6813 E. Rosedale Street  
or Snail MAIL: Fort Worth, TX 76112