

Company Information All fields must be completed (please fill in N/A for Non Applicable fields and "same" for information repeated).

Legal Company Name: _____

DBA Name: _____

Phone: _____ Fax: _____

Website: _____ Company email: _____

Date Established: _____ State Tax Identification (Resale) Number: _____

Bill to Address

Street Address: _____

City, State, Zip: _____

Ship to Address

Street Address: _____

City, State, Zip: _____

Contact Information

Main Contact

Name: _____ Title: _____

Cell Phone: _____ email: _____

Accounts Payable

Name: _____ Title: _____

Cell Phone: _____ email: _____

Authorized Buyer/Purchaser

Name: _____ Title: _____

Cell Phone: _____ email: _____

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

Type of Business Conducted

- | | | |
|--|---|---|
| <input type="checkbox"/> Primarily Residential | <input type="checkbox"/> Primarily Commercial | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Home Theater | <input type="checkbox"/> Video Walls | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> Automation | <input type="checkbox"/> Board Rooms | <input type="checkbox"/> Lighting Control |
| <input type="checkbox"/> Distributed Audio | <input type="checkbox"/> Computer Networks | <input type="checkbox"/> Security Systems |
| <input type="checkbox"/> Shades | <input type="checkbox"/> Phone Systems | |

Memberships

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> CEDIA | <input type="checkbox"/> HTSA | <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> AVB/Brandsource | <input type="checkbox"/> PRO Group | <input type="checkbox"/> HES |

General Information

Describe the market area your business serves: _____

Do you have a demo facility? Yes No

Do you grant your sales staff permission to participate in incentive programs?

- | | | |
|---------------------|------------------------------|-----------------------------|
| SPIFF | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Points for Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Television	Source Components	Speakers
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	3 _____	3 _____

Additional Information Needed

Please include a copy of your tax resale certificate.

How to submit this Application

Upon completion of this application, you may either send it via

FAX 817-446-7505

OR

MAIL Charles Lucas Sales Co.
6813 E. Rosedale Street
Fort Worth, TX 76112

EMAIL info@lucasales.com

Credit Terms

Select your requested terms:

- Option A:** Credit Card Only – All charges will be made at time of shipping to the credit card listed below.
- Option B:** NET 30 w/Credit Card on File – Lucas Marketing Electronics ('LME') will extend NET 30 terms to those who qualify. Dealer must keep a valid credit card on file at all times. If an invoice goes past 30 days, LME reserves the right to charge the card on file for the full amount, plus a one-time 3% transaction fee of the invoice in question. If the card fails to go through at that time, a strike will be tallied on the account. If 2 strikes are accumulated during a 12 month period, NET 30 terms will be revoked for a minimum of 12 months thereafter.

The Credit Card information below and page 4 of 4 of this application must be completed with this selection.

- Option C:** GE Capital Solutions – Use your GE Capital Solutions account to pay for all purchases. Terms may vary.

GE Capital Solutions Account #: _____ Primary Contact: _____

I have read, understand, and agree to the Credit Policy selected above. Dealer Initials _____

Credit Card Information

Card Type: MasterCard Visa American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____

CCV: _____

Credit Card Billing Information

Name on Card: _____

Street Address: _____

City, State, Zip Code _____

Signature: _____

Date: _____

Print Name: _____

Credit Option B Application (complete the following only if you selected Credit Option B)

Dun & Bradstreet #: _____ (if applicable)

Trade References

Name: _____ Account #: _____
Address: _____
Phone: _____ Fax: _____

Name: _____ Account #: _____
Address: _____
Phone: _____ Fax: _____

Name: _____ Account #: _____
Address: _____
Phone: _____ Fax: _____

Bank References (complete the following only if you selected Credit Option B)

Bank Name: _____ Account #: _____
Bank Address: _____
Bank Phone: _____ Bank Fax: _____

Thank you for your application.

By signing below, I verify this content is true to the best of my knowledge, that I have read, understand and agree to the Lucas Marketing Credit Policy, I give Lucas Marketing Electronics permission to obtain or confirm any relevant information, corporate or personal, from any source(s) without notifying the me, and I am aware this application does not guarantee approval; Lucas Marketing Electronics will contact me if I am approved.

Signature

Printed Name & Title

Date