



DEALER PROFILER AND QUALIFIER

Store Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Store Owner: _____ Manager: _____

Resale #: _____ Website: _____

E-Mail Address: _____

Do you sell on the internet? Yes or No Territory Request: _____ miles

Years in Business: _____ At this Location: _____ Store Days/Hours: _____

No. of Employees: _____ Showroom Sq. Ft. _____ Install Bay Sq. Ft. _____

How do you market your Store? _____

Authorized Lines Carried: _____

Other Lines Carried: _____

Personal opinion of where we fit in your product mix: _____

Additional Comments/Questions: _____

How did you hear about Addictive Audio? _____

Please fill out and fax to: **(559) 348-9550** or Email to: **inquiry@addictive-audio.com**

Please allow 24 hours for processing.

PLEASE FAX/EMAIL A COPY OF YOUR RESALE CERTIFICATE WITH THIS FORM!