



Independent Rep. Profiler and Qualifier

Name: _____

d.b.a: _____

Address: _____

Telephone #: _____ Fax #: _____

Website: _____

E-Mail Address: _____

Territory Request: _____

How many years in Business: _____ Number of Employees: _____

How did you hear of Addictive Audio? _____

Have you heard Addictive Audio? _____

What lines do you currently rep? _____

What lines did you rep in the past: _____

Personal opinion of where we fit in your company: _____

Additional Comments/Questions: _____

Please include any references on a separate page!

Please fill out and fax to: **(559) 348-9550** or Email to: **repinquiry@addictive-audio.com**
Please allow 24 to 48 hours for processing.