Dealer DIRECT
the volume discount music source
Irvine, CA

Toll Free Fax 866-643-7406
Web www.OrderDealerDirect.com
Mail PO Box 8798
Newport Beach, CA 92658
Phone 800-211-3319

Dealer Application

1) Must be a Musical Instrument Retailer with a Retail Location
2) Must provide a resale certificate or resale license
3) Must provide 3 credit references in the Music Industry
4) Must meet minimum order and annual purchase requirements

Date:_____/_____/200__ Years In Business _____ ❒ Sole Proprietorship ❒ Partner ❒ Subchapter S Corporation ❒ Corporation FED ID #_____

Store information:

Account: Name _____ Ship to: ❒ same **Name:** _____

Address: _____ Address: _____

Address: _____ Address: _____

City:_____State_____Zip _____ City:_____State_____Zip _____

Phone:( ) _____-_____Extension#____ Fax # ❒ same as phone: ( ) _____-_____

E mail _____ @ _____ Website: .....

Buyer (❒ Mr. ❒ Ms. ❒ Mrs)_____ _____ Other Authorized for Purchasing: _____
First Name Last Name

❒ Multiple Stores - # of Stores____ Central Purchasing ❒ Yes ❒ No

Trade References:

1._____ Phone (_____) _____

2._____ Phone (_____) _____

3._____ Phone (_____) _____

Bank References: Name on Account ❒ same _____

Bank_____ Address or Branch _____

Account # _____ Phone ( ) _____ -_____ Contact:_____

Business License or Resale License (IMPORTANT: **California requires a signed Tax Exemption Certificate and must be on file prior to shipping orders)**

State:_____ **ID #** _____

Type of Store: check all that apply: ❒ Retail Music Store ❒ Pawn & Music ❒ Internet Sales Only ❒ Internet and Retail
Products/Services offered: ❒ Fretted Instruments/ Amplifiers ❒ Drums/Percussion ❒ Band/Orchestra ❒ Print Music ❒ Repairs
❒ Recording Studio ❒ Keyboard/Piano/Organ ❒ Teaching Studio ❒ Spanish/Hispanic Market or Customers ❒ Other_____

Store Hours: ❒ Monday to Friday from_____to _____ Closed_____
Do you give lessons? ❒ Yes ❒ No Instruments Taught: ❒ Guitar ❒ Banjo ❒ Mandolin ❒ Drums Number of Instructors: ____

Lines carried:_____, _____. _____, _____

*I hereby certify the above information is correct and authorize above references to release any and all information concerning my account.

Print Name:_____ Signature _____Date ____/____/

Shipping: ❒ UPS ❒ other _____**Terms:** ❒ COD Company Check ❒ COD Cashiers Check ❒ Bank Card (Visa, MC or Discover)

Office Use Only:

Application Received Date: ____/___/__ ❒ References Checked ❒ Cat/Flyer Sent _____/_____ ❒ Contacted by _____

Order Placed: ___/___/___Account Number:____-____-_____:____-____-_____(____) Date entered: ____/____/____

Account assigned to:_____ Notes:_____