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NEW CUSTOMER APPLICATION FORM

Please fill out completely and e-mail it to: sales@mclarenaudio.com Registered Business Name: Trading Name (DBA) : ______ State in which business was established: _____ Year established: _____ State Resale Tax Certificate # _____ (attach a signed copy) MAILING ADDRESS: _____ SHIPPING ADDRESS (if different from above): CITY: _____ STATE: ____ ZIP CODE: ____ Business Phone: () - Mobile Phone: () if you have an account to which you would like us to send copies of your invoices please add it here. Web page: _____ Years in business: Number of employees: _____ Business type: Dealer (retail) _____ Internet dealer ____ Distributor _____ Other brands you are authorized to sell: How did you hear about Mc Laren Sound Systems? Word of mouth Internet search Other dealer Met at a show Other: _____ Owner Name : _____ Phone: (____) - ____ Owner Name : _____ Phone: (____) - ____

This application is strictly confidential and will be used to setup your account properly. We DO NOT share your information, period!

Please remember to attach a copy of a current abd valid Resale Tax Certificate or appropriate state document that will exempt you from any tax charge related to the purchases you make to Mc Laren Sound Systems.

******THIS IS NOT A CREDIT APPLICATION *********