

Fill out, sign and email to karing@goced.com or fax to: **847-656-8989**

Name: _____ **Email:** _____ **Phone:** _____

| New Dealer Application | | | | | | | | | |
|--|--|-------|----------|----------|------------------------|---------|-------|------------------|----------|
| Full Legal Company Name: | | | | | DBA (if applicable) | | | | |
| BILL TO | | | | | SHIP TO | | | Same as Billing? | |
| Billing Address | | | | | Shipping Address | | | | |
| City | | State | | Zip Code | City | | State | | Zip Code |
| Telephone | | Fax | | Cell | | Website | | | |
| Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship | | | | | Number of employees | | | | |
| Doing business out of: <input type="checkbox"/> Residence <input type="checkbox"/> Commercial building <input type="checkbox"/> Retail Shop <input type="checkbox"/> Show Room | | | | | | | | | |
| How long in business: ____ Years ____ Mo. | | | | | Approx. Yearly Volume: | | | | |
| Specializing in: <input type="checkbox"/> Residential AV <input type="checkbox"/> Commercial AV <input type="checkbox"/> Security <input type="checkbox"/> Retail <input type="checkbox"/> Other _____ | | | | | | | | | |
| Type of dealer: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | | Resale # | | Federal ID # | | | | |

| Principles, Partners, or Officers | | | | |
|-----------------------------------|---------|--|-------|----------|
| 1 | Name | | SS # | |
| | Email | | Phone | |
| | Address | | | |
| | City | | State | Zip Code |

| Trade References | | | | |
|------------------|----------------|--|---------|----------|
| 1 | Company Name | | Phone | |
| | Address | | Fax | |
| | City | | State | Zip Code |
| | Account Number | | Contact | |
| 2 | Company Name | | Phone | |
| | Address | | Fax | |
| | City | | State | Zip Code |
| | Account Number | | Contact | |
| 3 | Company Name | | Phone | |
| | Address | | Fax | |
| | City | | State | Zip Code |
| | Account Number | | Contact | |

| Contact Information | | | | |
|---------------------|--|-------|--|------|
| Payables Contact | | Phone | | Ext. |
| Buyer Contact | | Phone | | Ext. |

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BANK RELEASE FORM

| Banking Information (Bank used for Business Checking & Loans) | | | | |
|--|--|----------------|--|-----------------|
| Bank Name | | Acct. # | | |
| Address | | | | |
| City | | State | | Zip Code |
| Personal Banker | | Phone | | |

Due to the tightening of regulations in the divulging of credit information, banks are now requiring a written authorization form from their depositor for release of any information in regards to their account.

Your courtesy in signing and promptly returning the form below would be appreciated so that we may answer your request for an open account with our company as quickly as possible.

Thank you,

Accounts Receivable Department

Company: _____

Federal ID Number: _____

I give my permission for the release of information about my account as required on the attached bank credit reference letter.

Signature

Date



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CHECK POLICY

1. Before any company checks are accepted, approval for such acceptance must be granted by C.E.D. Inc.
2. No third party checks are accepted.
3. There is a \$80 charge for checks returned for non-sufficient funds.
4. If a check is returned for non-sufficient funds or any reason other than bank error, you will automatically lose your check approval privilege.

MUST BE SIGNED BY AN OWNER, PRINCIPAL OR CORPORATE OFFICER.**Credit Agreement:**

The information contained in this application is provided for the purpose of obtaining or maintaining credit Consumer Electronics Distributors, Inc. The undersigned agrees to abide by the terms and policies set forth by Consumer Electronics Distributors, Inc. at all times and to notify our Credit Department of any ownership, name or address change. Applicant warrants the accuracy of the information in this application and any other material submitted by the undersigned and grants permission to Consumer Electronics Distributors, Inc. to contact consumer and commercial credit reporting agencies, bank and trade references for verification and inquiry as necessary to establish an account. This permission shall also extend to the personal credit history of the principle owners listed above. A fax or photocopy of this authorization may be relied upon for release of information. This information will be held in the strictest confidence. This agreement is deemed to have been entered into in Northbrook, Illinois, and shall be governed by the laws of the State of Illinois. All questions concerning validity, interpretation or performance of any of the terms of this Agreement, or determination of any rights or obligations of the parties thereto, shall be resolved or litigated in the courts of Lake County, Northbrook, regardless of where the Agreement is executed, and shall be governed by the laws of the State of Illinois without regard to conflicts of laws. In the event of any action or proceeding, including arbitration, to enforce this agreement or any of its provisions, or to declare the rights of the parties with respect to this Agreement, the prevailing party shall be entitled to its Attorney's fees, expenses and court costs.

Company Name _____ **Signature** _____

By _____ **Title** _____ **Date** _____



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CONTINUING GUARANTEE

Company Name _____

In condition of credit being extended by Consumer Electronics Distributors, Inc. to the above named applicant for merchandise to be purchased, whether applicant is an individual or individuals, a proprietorship, a partnership, a corporation or other entity, the undersigned guarantor or guarantors each jointly and severally hereby contract and guarantee to Consumer Electronics Distributors, Inc., its successors and assigns, the faithful, prompt payment and performance, when due, of all accounts and indebtedness of said applicant for purchases made after the date of this application. No delay on the part of Consumer Electronics Distributors, Inc. in exercising any of its options, powers or rights, or partial or single exercise thereof shall constitute a waiver thereof. The undersigned agrees that this Guaranty and any contemporaneous or subsequent agreement will be governed as to validity and interpretation in Lake County, Illinois. This Guaranty shall bind the undersigned's respective heirs, administrators, personal representatives, successors, trustees and assigns and shall inure to the successors and assigns of Consumer Electronics Distributors, Inc.

Guarantor SS# Guarantor SS#
Guarantor (Printed) _____ Guarantor (Printed) _____

Guarantor SS# Guarantor SS#
Guarantor (Printed) _____ Guarantor (Printed) _____

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CREDIT CARD ACCEPTANCE FORM

Company Name _____

Cardholder Name _____

Billing Address _____

City, State, Zip _____

**Cardholder
Driver's License #** _____

Work Phone # _____ **Home Phone #** _____

Type of card



Credit Card # _____

Expiration Date _____

Security Code _____

Cardholder hereby acknowledges and authorizes charges on the above credit card in exchange for the goods and/or services enumerated with Consumer Electronics Distributors, Inc. and agree to perform the obligations set forth in the cardholder's agreement with the Issuer.

Signature _____

Printed Name _____

Please note for all open accounts, the credit card form must be completed with credit application. If your account becomes delinquent, Consumer Electronics Distributors, Inc. has the right to charge the credit card on file for the balance.

Initials _____ **Date** _____

Please include a copy of the front and back of credit card along with a copy of the driver's license for the cardholder indicated above.

ALL RETURNS ARE FOR STORE CREDIT ONLY. NO CASH, CHECK OR CREDIT CARD REFUNDS.



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City State Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City State Zip

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Account ID number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____ %, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature Date

Note: It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property.

Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.