



# Dealer Application

**Mail To:** Walker Labs  
P.O. Box 3130  
San Bernardino, CA  
92413-3130

**Or Fax:** (909) 886-3420

## COMPANY INFORMATION

Business Name \_\_\_\_\_ Sales Contact \_\_\_\_\_  
Business License \_\_\_\_\_ Resale License \_\_\_\_\_  
Shipping Address \_\_\_\_\_  
Street City State ZIP  
Billing Address \_\_\_\_\_  
Street City State ZIP  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Sales Contact Email \_\_\_\_\_ Website \_\_\_\_\_

## CREDIT INFORMATION

Company Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax Number \_\_\_\_\_  
Credit Reference #1 \_\_\_\_\_ Fax Number \_\_\_\_\_  
Reference Address \_\_\_\_\_  
Street City State ZIP  
Credit Reference #2 \_\_\_\_\_ Fax Number \_\_\_\_\_  
Reference Address \_\_\_\_\_  
Street City State ZIP  
Credit Reference #3 \_\_\_\_\_ Fax Number \_\_\_\_\_  
Reference Address \_\_\_\_\_  
Street City State ZIP

## SALES INFORMATION

Monthly Sales Volume \_\_\_\_\_ Year Established \_\_\_\_\_  
Primary Function:  Musical Retail  Installations  Service Center  Other  
Sales Channels:  Storefront  Catalog  Internet  Other \_\_\_\_\_  
Authorized Dealer for: \_\_\_\_\_  
\_\_\_\_\_

## IMPORTANT LEGAL STUFF

I, \_\_\_\_\_, give my bank, \_\_\_\_\_  
Please Print  
written consent to release credit information on account # \_\_\_\_\_ to  
Walker Labs, LLC, San Bernardino, CA for the purpose of establishing credit with them.  
Signature \_\_\_\_\_ Date \_\_\_\_\_