

Harris Musical Products, Inc.

49 Rose Street, Stoughton, MA 02072

Phone-781-341-0776 Fax-781-341-0778

harris.musical@verizon.net

APPLICATION FOR A DEALER ACCOUNT

Your Name & Title:		Other management contacts:	
Company Name:		Buyer Names:	
Phone:	Fax:	E-mail:	
Billing Address:		Unit #	
City:	State:	ZIP Code:	
Business Start Date:	Business Type (Corporation?):		
Type of Business (i.e. Store, online, etc):			
Specialty of Business (i.e. Lessons, full-line, recording studio, etc):			
Fed. Tax ID # or Reseller #		(Please attach certificate)	

BUSINESS AND SHIPPING INFORMATION

Shipping Name:		Attn:	
Shipping Address:		Unit #:	
City:	State:	ZIP Code:	Special Instructions:
How long at this address?	Is this a Business or Residential Address?		

BILLING AND GENERAL INFORMATION

How would you like to pay for your order? (check or fill out applicable sections only)			
___ (VISA or MC) Credit Card #		Expiration /	Code:
Billing Name:	Billing Address:	Zip:	
___ UPS COD (Company or Personal check OK) Submitting your CC info will save you the UPS COD fee of \$9.00 per shipment			

BILLING AND MARKETING OPTIONS

How would you like your invoice sent (choose 1 or 2)?	
___ Via E-mail: @	___ Via regular mail to the billing address
___ Via Fax: () --	___ Included in the shipping box with order
___ I would like to receive occasional specials flyers and product information via email: @	

AGREEMENT

By signing and submitting this application I agree that the above information is true and accurate to the best of my knowledge and that I am authorized to act on behalf of the business or person named above.

SIGNATURE

Title:	
Date:	