



3431 North Bruce Street
 North Las Vegas, NV 89030
 Tel (702) 639-0290
 Fax (702) 639-0294

AUTHORIZED DEALER APPLICATION

Welcome to the Protech Theatrical Authorized Dealer Application Process. Our goal is to provide a Business to Business distribution channel that provides theatre equipment resellers and professional production companies with discounted pricing on our gear. (Multiplier based on sales volume - per schedule below).

Important Notice – Applying to become an Authorized Dealer, or simply meeting Dealer standards, does not imply acceptance. Authorized Dealer status is granted at the sole discretion of Protech Theatrical Services, Inc. and may be revoked at any time.

Please print this form and fill it out as completely as possible. Once we have received and evaluated your application, we will contact you to confirm or deny your application. At that time, you will be issued an account number and credit limit. We may require you to prepay your first order with a VISA, AMEX, Discover, MasterCard, check, or money order. Special terms will also be considered on large orders, such as Joint Check Agreements and/or Letters of Credit.

Please note: As an Authorized Dealer, you will be eligible for special terms and additional discounts through special Tier offers. This Dealer Application form states the standard terms and conditions for Tiered Dealers.

**Please review your completed application to make sure you have filled in all the requested information.
 An incomplete form may delay processing.**

Domestic Dealers Statement of Terms and Conditions

- All new accounts must be approved prior to receiving credit terms.
- Payment must accompany all orders until new accounts receive credit terms.
- The minimum dealer order accepted is \$250.00
- By being approved as an Authorized Dealer, resellers are allowed a 5% discount from published prices. Further discounts are based on annual (accumulative) sales volume per the following schedule:

Amount	Discount	
> 50K	5%	Tier 1
51K – 250K	10%	Tier 2
251K – 500K	15%	Tier 3
> 501K	20%	Tier 4

- Dealer purchases are subject to our standard terms and conditions. Upon purchase of any item from Protech, Dealer agrees to be bound by all published terms and conditions at time of sale.

I agree to all terms and conditions as stated above:

 SIGNATURE / TITLE

 BUSINESS NAME

 DATE

CONTACT INFORMATION

 BUSINESS NAME

 BUSINESS ADDRESS

 CITY

 STATE

 ZIP

 CONTACT PERSON

 TITLE

 BUSINESS PHONE

 FAX

 EMAIL

AUTHORIZED DEALER APPLICATION

BUSINESS INFORMATION

BUSINESS NAME _____ DBA _____ DUNS # _____

STATE / YEAR in which Business was established _____ Reseller Number (Please provide copy of certificate) _____ Federal I.D. Number _____

Organization of Business: Sole Proprietorship Partnership Limited Partnership LLC
 Corporation

Names of Principals or Officers: _____

Number of Full time employees _____ ETCP Certified _____

Website Address: _____ Annual Revenue: _____

What is your target market? _____

Anticipated Stage Equipment annual purchases (Tier Level) _____

Do you maintain Contractors Licenses? (Please list all that apply and furnish copies)

Do you have a shop or service facilities? (Explain) _____

Do you service multi-cities or states? (List) _____

List your three largest stage equipment projects and completion dates (1) _____

(2) _____ (3) _____

Are you a dealer? JR Clancy _____ SECOA _____ H&H _____ ADC _____ Other _____

Existing Credit Limits _____

How did you hear about Protech _____

TRADE CREDIT REFERENCES (or provide your own reference sheet)

1. _____
COMPANY CONTACT NAME

MAILING ADDRESS

PHONE FAX # - CREDIT DEPT. EMAIL

2. _____
COMPANY CONTACT NAME

MAILING ADDRESS

PHONE FAX # - CREDIT DEPT. EMAIL

3. _____
COMPANY CONTACT NAME

MAILING ADDRESS

PHONE FAX # - CREDIT DEPT. EMAIL

BANK REFERENCE

NAME OF BANK

ACCOUNT NUMBER NAME(S) OF PERSON(S) APPEARING ON ACCOUNT

MAILING ADDRESS

CITY STATE ZIP

PHONE FAX

AUTHORIZATION

I / We authorize Protech Theatrical Services, Inc. to contact the references listed above. I / We understand that this Information will be held in strict confidence and will be used solely for the purpose of establishing an account.

SIGNATURE DATE

Forward all documents to:
Protech Theatrical Services, Inc.
3431 N. Bruce Street
N.Las Vegas, NV 89030
Fax 702-639-0294