# Sonica

### DEALER AGREEMENT

#### **TERMS AND CONDITIONS**

- 1. We have the right to accept or reject any purchase order for any reason and we may extend credit at our sole discretion.
- 2. You agree to pay us according to the payment terms we designate or, in the event of credit, pay a 1½% monthly interest charges (or the maximum allowed by law if less) for past due amounts.
- 3. You agree to abide by our MAP prices as listed on our price list.
- 4. You agree not to do anything with our products that could damage the brand position, registered or unregistered trademarks, or the perceived value of our products or brand.
- 5. Any bundling of our products with other brands of products requires the written authorization of Point Source Audio, Inc.
- 6. We will "drop ship" with written indication on the P.O. but dealer accepts responsibility. Drop ship orders cannot be returned for credit except in the case of warranty service.
- 7. Marin County, California is the state of jurisdiction.
- 8. In the case of legal disputes, the prevailing party shall be entitled to compensation of reasonable attorneys' fees and court costs.
- 9. Either party may terminate this agreement with 30 days written notice without cause. This document constitutes our entire agreement. There is no verbal agreement.

#### TESTIMONY (TO BE COMPLETED BY A SIGNING OFFICER)

Officer's signature attests to the applicant's responsibility to abide by Point Source Audio's Dealer Agreement.

Company:

Name:

Title:

Signature:

Date:

Date:

Approved By:

Date:

Date:

Date:



## **CREDIT APPLICATION**

#### PART A: FINANCIAL REFERENCES

Please submit the following along with this completed application:

1) Trade/credit references 2) Bank references 3) Federal Tax ID number 4)Resale Tax Certificate

PART B: COMPA	NY INFORMATION		
Company:			
. ,		Mailing Address.	
First Name:		Mailing Address:	
Last Name:		Mailing Address:	
Title:		City:	
Phone:		State/Province:	
Fax:		Zip Code:	
Email:		Country:	
Shipping Address (If different from Mailing Address):			
Shipping Address:			
City:		State/Province:	
Zip Code:		Country:	
PART C: CREDIT F	EQUEST		
Accounts Payable	Responsibility:		
Name:		Phone:	
Title:		Email:	
Credit Desired:	\$	Authorized Signature:	
PART D: TESTIMONY (TO BE COMPLETED BY A SIGNING OFFICER)			
Officer's signature attests to the applicant's financial responsibility, ability and willingness to pay the applicant's account, and to abide by Point Source Audio's Dealer Agreement, and authorize Point Source Audio to perform necessary company checks.			
azias zy . zim zzanza nado z zadan ngrasmana, ana aamanza i ami zadras nado to perform necessary company checks.			
Name:		Title:	
Signature:		Date:	

FAX completed form and all required financial references to 415-520-2110.