



DEALER APPLICATION FORM

GENERAL INFORMATION

Company Name:		
Company Registration Number:		
Contact Name:	E-mail:	
Address:		
City:	State:	Country:
Phone Number:	WhatsApp:	
Shipping Address:		
City:	State:	Country:

ADDITIONAL CONTACTS

Accounting:	E-mail:
Purchasing:	E-mail:

I do certify that the information above is correct and authorize your verification of this information.

Date: _____

Signature: _____

Title: _____

IMPORTANT:

****Please attach a copy of your company's Company Registration or Resale Certificate and of the owner's driver's license or any other type of identification document to accounting@consolidated-music.com along with the filled out application form.****

****The customer must provide accurate shipping information. Consolidated Music will not be responsible for any delivery errors due to inaccurate delivery instructions given on this form. ****