



New Dealer Request Form

Dealer Name: _____ Date: _____

DBA: _____

Website URL: _____ Social Media: _____

Contact: _____ Email: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Ship to Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Dealer Entity: Corporation Partnership Sole Proprietorship How Many Locations _____

Dealer Profile: Custom Installer Specialty Retailer

Market Segment's Covered (% should add up to 100%)

Production Builders _____% Custom Builders _____% Retrofit _____% New Systems _____%

Current Brands: Audio: _____

Video: _____

Speaker: _____

Control: _____

Other's: _____

Product Categories Installed: Audio Video Lighting Control Security

Facility Where Account is Located: Office/Business Park Retail Store Design Center Other

If "other" please describe: _____

of Installers: _____ # of Trucks/Vans: _____ Avg Target Install (in \$\$) _____

Volume/Forecast

Company sales volume last calendar year: _____

Avg. # Projector Installations/Month? _____

Estimated JVC projector purchases in the next 12 months? (in \$\$) _____

JVC reserves the right not to activate any submission