FOCAL NAIM

AMERICA

Download the PDF to your desktop before filling this form.

Name of firm: _____

Address : _____

City : _____ Province: _____ Postal Code: _____

Store Tel : _____ Store Fax: _____

Main contact name: _____ Cellphone: _____

Web site : _____ Email: _____

Buying group if Any : ProSource: Pro Member ☐ Power Member ☐ _____

HTSA ☐ DAISY ☐ POWER HOUSE

Ship to Address (if different than above) : _____

_____

Shipping Tel. : _____ Shipping Fax: _____

Are appointments required for shipment on skids? _____

Is the delivery in a residential area?: _____ Lift Gate required?:_____

Custom Integrator (Appointment only): _____ Store front:_____

Date established : _____ Numbers of employees : _____

Business Form: Corporation ☐ Partnership ☐ Sole Proprietary ☐

Estimated annual sales: $_____ Estimated annual Focal Naim Canada: $_____

Approximative value of first order: $_____ Unknown ☐

Brick & Mortar store: _____ and/or Internet 3P E-Commerce reseller _____

(Must submit E-Commerce application form to receive authorization)

FEDEX ACCOUNT NUMBER if any _____

PST / GST / HST: _____

Major Lines Carried : _____

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Officers, Partners, or Owners

1. Name:_____ Title:_____

Home Address: _____

Home Tel.: _____

2. Name:_____ Title:_____

Home Address: _____

Home Tel.: _____

Which form of account would you prefer?

Please check one of the following in either "Open" or "Upfront".

Open account (30 day terms)

FIVE complete trade references must be submitted (see below).

1. Payment with company check, 2% discount at 15 days, net 30 _____
2. Payment by credit card, net 30 _____
3. Bank transfer, 2% discount at 15 days, net 30 (+$20 for bank fee) _____

Upfront account

THREE trade references must be submitted (see below).

1. Payment with certified cheque, 2% discount _____
2. Payment by credit card _____
3. Bank transfer, 2% discount (+$20 for bank fee) _____

Bank Reference (Credit status is determined on an individual basis)

Bank Name:_____ Acct:_____

Address:_____ Phone:_____

Officer: _____

I,_____ Hereby authorize our bank, _____, to release information regarding our bank account (s) to Focal Naim America.

Signatures:_____ Title:_____

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Trade References and Major Suppliers

Please print clearly. The following MUST be supplied for all trade references: Full Name, Account Number, Fax Number and Phone Number - no 800 numbers please.

1. _____ Account Num.: _____

Phone: _____ Fax: _____

Email: _____

2. _____ Account Num.: _____

Phone: _____ Fax: _____

Email: _____

3. _____ Account Num.: _____

Phone: _____ Fax: _____

Email: _____

4. _____ Account Num.: _____

Phone: _____ Fax: _____

Email: _____

5. _____ Account Num.: _____

Phone: _____ Fax: _____

Email: _____

Name of your Focal Naim America Sales Representative: _____

Your Focal Naim America Representative must send us your level of discount for All Focal and Naim products except Pro.

FOCAL NAIM
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I am requesting authorization for the following brands:

FOCAL ☐ naim ☐

FOCAL PROFESSIONAL ☐ V/COUSTIC ☐

First order attached: ☐

Federal Tax Id. No (IRS): _____

Resale Tax Exemption Certificate

Firm Name: _____

Name of your Focal Naim America Representative: _____
Your Focal Naim America Representative must send us your level of discount for All Focal and Naim products except Pro.

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: Focal Naim America

Address: _____

I certify that:
Name of Firm (Buyer): _____
Address: _____
_____
_____
_____
_____

is engaged as a registered
- ☐ Wholesaler
- ☐ Retailer
- ☐ Manufacturer
- ☐ Seller (California)
- ☐ Lessor (see notes on pages 2–4)
- ☐ Other (Specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: HI FI Audio equipment for resale

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL[1]		MO[16]	
AR		NE[17]	
AZ[2]		NV	
CA[3]		NJ	
CO[4]		NM[4,18]	
CT[5]		NC[19]	
DC[6]		ND	
FL[7]		OH[20]	
GA[8]		OK[21]	
HI[4,9]		PA[22]	
ID		RI[23]	
IL[4,10]		SC	
IA		SD[24]	
KS		TN	
KY[11]		TX[25]	
ME[12]		UT	
MD[13]		VT	
MI[14]		WA[26]	
MN[15]		WI[27]	

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part o each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by thee city o state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____

Date: _____

FOCAL NAIM

AMERICA

Always thinking of new ways to better serve you, we now offer you online access to a variety of services through a new extranet system.

You'll be able to:

- Order products, parts and brochures
- Consult product inventory
- View product reviews
- Access tracking information for your shipments
- View your price lists
- View promotions
- Access your invoices daily
- View your account statement
- View a back order report
- Create your own RA number
- Track your repairs and their progress
- Monitor the reception of products returned

At this point, we need the email address of the primary account holder who will access this system. Later on, the primary account holder will have the flexibility to assign limited or full access to any authorized staff member, with their own unique login. Rest assured, we are working carefully with our service provider to establish a safe and secure environment, due to the sensitive nature of the information available.

Store's name (Print please): _____

Phone Number: _____

Primary account holder name (Print please): _____

Primary account holder email address: _____

E-mail address to send invoices to: _____

Focal Naim America, 156 Lawrence Paquette Ind. Dr., Champlain, NY 12919

Tel.: 800-663-9352 Fax 866-656-0686