

DEALERSHIP APPLICATION FORM



CAVS USA Inc
8616 Phoenix Drive
Manassas, VA 20110
562-777-1850, 562-777-1851 (F)

Company Information

Company Name :

Contact Name :

Company Address :

City, State, Zip :

Telephone (Office) : ()

Telephone (Cell) : ()

Fax : ()

Email :

Web Site : www.

Former Business Name
& Address (Optional) :

Nature of Current
Business :

No of Years in current
business :

State of
Incorporation :

Federal Tax ID # or
SSN :

Ownership : Sole / Partner / Corporate

Officer 1 Name : Title :

Officer 2 Name : Title :

No of Employees :

Annual Sales : \$

Trade Reference :

*Do you have a storefront? YES / NO

*Are you able to repair players? YES / NO

Name :

Signature : Date :

Comments: :

Please send the completed application by Fax: 562-777-1851, Email: service@cavsusa.com, or
Mail: CAVS USA Inc, 8616 Phoenix Drive, Manassas, VA 20110 (Mail)