

# lucid acoustics

## New Dealer Application

### Personal Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Business Information

Legal Name: \_\_\_\_\_ D.B.A: \_\_\_\_\_  
☐ Sole Proprietor ☐ Corporation ☐ LLC FEIN/SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### Credit Card Information (only necessary for pre paid credit card accounts)

Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Card billing address: \_\_\_\_\_  
Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CCV: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Card billing address: \_\_\_\_\_

### Bank References (only necessary if applying for credit)

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Acct: \_\_\_\_\_ ☐ Savings ☐ checking  
Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Acct: \_\_\_\_\_ ☐ Savings ☐ checking

### Business References (only necessary if applying for credit, 3 minimum)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

If you wish to have a cash only account, all purchases are to be Pre-Paid with check or money order. No guarantee is necessary. All orders will ship once funds are verified. Money orders ship same day. We also accept Pay-Pal. Our Pay-Pal ID is: sales@lucidacoustics.com

Along with these forms please send copies of both your state tax resale license, and your business license. Please fax all documents to 1-435-578-7272 If you are unable to present a state tax resale license we will be required by law to collect tax on all sales in the state of Utah.

## Agreement And Guarantee Of Above Account

The undersigned submits this application for credit subject to the following terms, and consideration for the extension of credit or the establishment of an account represents and / or agrees as follows:

All information contained in this application is true and correct to the best of knowledge, information, and belief of the applicant.

Should credit be extended, applicant acknowledges and guarantees:

- Timely payment of each invoice, in full, according to the terms of the invoice.
- Payment of service charge of 1.5% per month (18% annual percentage rate) charged on past due balances of not paid timely to the net terms of the invoice.
- Agrees to pay all expenses of collection, including court costs and reasonable attorney's fees should it be necessary to refer the account for collection.
- The undersigned is authorized to execute this application for credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

As a part of the condition of extending credit to \_\_\_\_\_  
Lucid Inc. has required that Mr. Or Mrs. \_\_\_\_\_  
Guarantee payment of the indebtedness, interest, and expense of collection owed by \_\_\_\_\_  
\_\_\_\_\_ waiver or postponement by Lucid Inc. of any of its  
remedies shall not be deemed as a waiver of any other remedies. This agreement shall be binding upon the parties hereto, their heirs, successors, and assigns.

This is an absolute and continuing guarantee of payment and said guarantee shall not terminate until the obligation is paid in full.

Date: \_\_\_\_\_

Signature of Guarantor \_\_\_\_\_