



BUSINESS INFORMATION		
Business Name:		Company URL:
DBA:	Federal ID:	Reseller #:
Headquarters address:		
City:	State:	ZIP Code:
# of Retail Stores:	Annual Sales \$	D&B #
CONTACT INFORMATION		
Buyer Name:		Title:
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Accounts Payable Name:		Title:
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Corporate Officer Name:		Title:
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
ADDITIONAL INFORMATION		
What other electronics do you sell?		
Do you have a retail store (# of locations and total volume for last year)?		
Do you sell via the Internet (please list all URLs)?		
How do you plan to sell Four Door Media products?		
TOP SELLING BRANDS		
#1 Brand Name:	Annual Sales \$	Months of Selling:
#2 Brand Name:	Annual Sales \$	Months of Selling:
#3 Brand Name:	Annual Sales \$	Months of Selling:
SIGNATURE		
Signature of applicant:		
Name:	Title:	Date:
<p>Completion of this application begins the 4 Door Media, Inc. Reseller application process. The "Authorized Reseller Application" and "Credit Application" must be submitted for consideration. Based on the information provided, 4 Door Media, Inc. will review for compatibility with current 4 Door Media, Inc. sales channels and market penetration. We will reply to you as soon as your application has been processed. Return the completed application via email to: NewReseller@FourDoorMedia.com or via fax to (949) 715-1536</p>		