



Santorella Publications, Ltd.

New Dealer Application

Fax to 978.750.0572

Date: _____ Business Name: _____

Billing Street Address: _____

Billing City, State ZIP: _____ Phone: _____

Shipping Street Address: _____

Shipping City, State ZIP: _____ Fax: _____

Tax ID: _____ Accounts Payable Contact: _____ Email: _____

Primary Buying Contact: _____ Email: _____

Business Entity: Sole Proprietor Partnership LLC/LLP Corporation

Owner's Name if Sole Proprietor or Partnership _____

Primary Business Type: Music Lessons Retail Store Online Store Repair Shop Distributor

Bank Reference: Name: _____

Address: _____

City, State, ZIP: _____

Business Credit Reference: Name: _____

Address: _____

City, State, ZIP: _____

PLEASE FAMILIARIZE YOURSELF WITH OUR DEALER TERMS AND CONDITIONS BY VISITING OUR WEBSITE AT

www.santorellapublications.com

I have reviewed and agree to the Dealer terms, discounts, terms, and return policies as published on the Santorella Publications, Ltd website, and understand that they are subject to revision from time to time. I understand that I will be required to pre-pay my first order. I represent that I have the legal authority to act on behalf of the business named above. I authorize you to contact the references named above for the purpose of determining credit worthiness.

Signature

Printed Name

Title

Date Signed