HOME THEATER RESELLER DATA SHEET

RESELLER NAME: _____ DBA: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: (___)-_____ FAX: (___)-_____

E-MAIL _____ WEBSITE: _____

PRINCIPAL'S NAME/TITLE: _____

DO YOU HAVE A RETAIL LOCATION? _____ IF YES, HOW MANY? _____

PRIMARY RETAIL LOCATION ADDRESS? _____

ADDRESSES OF OTHER LOCATIONS: _____

_____

DO YOU HAVE A SHOWROOM WHERE THE PRODUCT WILL BE ON DISPLAY? _____

IF SO, PLEASE LIST THE MITSUBISHI MODEL NUMBERS THAT YOU INTEND TO DISPLAY:
_____

WHAT IS YOUR GEOGRAPHICAL MARKET? _____

PRIMARY BUSINESS FUNCTION?

A/V & HOME THEATER RETAIL
TV/APPLIACE RETAIL
CUSTOM INSTALLER
RENT-TO-OWN
OTHER (PLEASE LIST) _____

PLEASE LIST VIDEO BRANDS WHICH YOU OBTAIN DIRECT FROM A MANUFATURER:
_____

PLEASE LIST VIDEO BRANDS WHICH YOU OBTAIN VIA A DISTRIBUTOR:
_____

ARE YOU AN AUTHORIZED SERVICER FOR ANY BRANDS? _____

ESTIMATED TOTAL OF ANNUAL PURCHASES? $_____