



Series 1 DEALER APPLICATION

Our aim is to find dealers whose objectives are similar to Wadia's. We believe this will lead to long lasting, mutually profitable relationships. The questions on this form will help both you and Wadia ascertain the likelihood of our companies having similar objectives.

We ask that you answer these questions thoughtfully and completely. We appreciate any additional comments or information you wish to include.

Store Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Web / e-mail: _____

Other Locations: _____

Please give a brief history of your company. Include information such as date store was founded, any changes in ownership, relocation, remodeling, and any other major events.

What type of business are you? (Brick & Mortar, Home Based, E-Commerce, Custom Installer/Integrator, Etc.) Please list all that apply.

What kinds of other businesses are located nearby? _____

Are there other audio/video stores located in the area? _____

Please provide the following information on your store personnel, including owner(s). Please use extra pages if necessary.

	<u>Name</u>	<u>Title</u>	<u>Full / Part Time</u>
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	

Please list any major product lines and any others that you feel will compliment or conflict with Wadia Series 1 products (i.e.; Digital A/V Receivers, Preamp/Processors, CD players w/ digital inputs, DACs, Integrated Amps w/ built in DACs, Cable Lines, iPod Accessories, Etc.):

Manufacturer

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

How do you intend to promote the introduction of Wadia products in your market? _____

Where does your new business come from? _____

What is your assessment of the size of Wadia's market in your region? _____

Specifically, why have you considered forging a business relationship with Wadia? _____

Please add any other comments or information. _____

I warrant all statements and information supplied to be true and accurate to the best of my knowledge, and I authorize Wadia Digital Corporation to make any and all inquiries necessary for action on this request.

Corporate / Legal Name: _____

Name, Title: _____

Signature: _____ **Date:** _____

Resale Certificate / Seller Permit No.: _____

Representative Signature: _____ **Date:** _____

Thank you for your interest in Wadia, and for taking the time to complete the Series 1 Dealer Application. We will contact you regarding your application and truly appreciate your most sincere effort in completing this informative questionnaire.

Wadia
1556 Woodland Dr.
Saline, MI 48176

Phone: 734-786-9611 Fax: 734-786-0163 email: sales@wadia.com