

Complete and mail to:
Sell Your Musical Instruments . Com
333 Main Street
Southbridge, Ma 01550
Fax to: 508-764-3581
Email to: Gordonworchester@gmail.com

SELL YOUR MUSICAL INSTRUMENTS . COM

AFFILIATE APPLICATION

BUSINESS NAME : _____

BUSINESS ADDRESS : _____ CITY: _____ STATE: _____ ZIP: _____

RESALE TAX # _____ YEARS AT PRESENT LOCATION: _____ YEARS IN BUSINESS: _____

BUSINESS PHONE : () _____ BUSINESS FAX : () _____

COMPANY WEBSITE ADDRESS : _____

BUSINESS CATEGORY(s) : MUSIC _____ PAWN SHOP _____ MUSIC STUDIO _____ ANTIQUE SHOP _____ OTHER _____

NUMBER OF LOCATIONS : _____ BUSINESS HOURS: _____ am _____ pm DAYS OPEN: _____

TYPE OF BUSINESS : _____ SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION

IF SUBSIDIARY, NAME OF PARENT COMPANY : _____

CURRENTLY PURCHASING USED GEAR? _____ IF SO, \$\$ AMOUNT PURCHASED MONTHLY: \$ _____

DO YOU HAVE A CURRENT LICENCE TO PURCHASE USED GEAR ? YES _____ NO _____ LICENCE # _____

DO YOU HAVE A MUSICAL INSTRUMENT BACKGROUND ? _____ EXPLAIN: _____

HOW DID YOU HEAR ABOUT US : _____

PRINCIPALS OF BUSINESS : (PLEASE PROVIDE YOUR HOME ADDRESS AND TELEPHONE INFORMATION)

NAME : _____ TITLE: _____

HOME ADDRESS : _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE : () _____ EMAIL: _____ SS NUMBER: _____

PRINCIPALS OF BUSINESS : (PLEASE PROVIDE YOUR HOME ADDRESS AND TELEPHONE INFORMATION)

NAME : _____ TITLE: _____

HOME ADDRESS : _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE : () _____ EMAIL: _____ SS NUMBER: _____

Authorized Signature of Applicate : _____ Date: _____

Authorized Signature of Applicate : _____ Date: _____

PLEASE NOTE: That by signing this Application, you are authorizing SYMI to conduct a business and/or personal credit check.