



Chromatic Distribution
2727 W. Marine View Dr.
Everett, WA 98201

Phone: 360-653-9591
Fax: 866-469-8751
Web: www.chromaticd.com
Email: sales@chromaticd.com

Chromatic Distribution Dealer Application

Thanks for your interest in joining the Chromatic Distribution Dealer program. We are the US distributor for Reflecmedia.

Minimum Dealer Requirements

1. A legitimate, established retail store in the photographic/video equipment industry.
2. A store location on a commercial property
3. Regular business hours.

Please include the following documentation with your application:

1. **Signed copy of the Dealer Application.**
2. **Copies of your Business License, State Tax ID or Seller's Permit.**

Please complete our dealer application and fax it back to us at **866-469-8751**.

If you have questions, please call us at **360-653-9591**.

Dealer Application Checklist

Please review this checklist before faxing us your dealer application:

1. Complete and sign the Dealer Application
2. Gather your supporting documentation
3. Fax your application and supporting documentation to CD at **866-469-8751**.



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The Chromatic Distribution Commitment

Chromatic Distribution knows what it is like to be a dealer and it is a very competitive environment. As a part of the Chromatic Distribution dealer program, we are committed to providing you with premium international brands and dealer support. Here are some of the advantages of becoming a Chromatic Distribution dealer:

- Top quality products at competitive prices
- Technical support for distributed brands
- No dealer buy-in
- No minimum orders
- No drop-ship fees
- No requirement to stock product

In exchange, we ask of our dealers:

- Adhere to MAP Policy
- Support the customer even after the sale is completed
- Review the part descriptions and pictures to learn more about our products
- Have skilled salespeople with hands-on knowledge of the product.
- Contact us if you have any questions
- Be patient – try to plan ahead with rush orders. We stock a large inventory, however, it is always best to check availability in advance of any crucial items for an immediate production.

Beginning immediately, Chromatic Distribution in its unilateral discretion will not do business with any dealer as to the products covered by this policy, the MAP products, if that dealer intentionally advertises any MAP product below its minimum advertised price. The MAP products and their minimum advertised prices are listed on price sheets supplied to dealers and indicated as MAP, which may be amended from time to time at Chromatic Distribution's unilateral discretion.

Advertising includes all forms of promotion in any media including, without limitation, websites, audio, video and other forms of electronic media, direct mail, newspapers or magazines, material at trade shows, coupons, billboards, catalogues. Online advertising language such as “click here for better price”, “price too low to print”, “click here for our price”, “e-mail for lower price”, “add to shopping cart to see lower price” or other language, features or symbols that would indicate, display or imply that a lower than MAP price is offered, may not be used.

In the absence of specifically designated MAP Pricing the MSRP will be considered the MAP Price. This is not a restriction against selling at any particular price, and all Chromatic Distribution dealers remain free to establish the prices at which they sell Chromatic Distribution products, including the MAP products.

Chromatic Distribution is confident that this program will strengthen its competitiveness and benefit all of its dealers.



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Company Contact Information (Please TYPE then PRINT this Application)

Business Name _____
Contact Person _____
Address _____
City _____
State / Province _____
Country _____
Zip code / Postal code _____
Phone number _____
Fax number _____
Website _____
Email _____

Company Billing Information (For Credit Card Payments – MUST BE EXACT)

CC Holder Name _____
Address _____
City _____
State / Province _____
Zip code / Postal code _____
Phone number _____
Fax number _____

Company Shipping Information (If different from Company Contact Information)

Contact Person _____
Address _____
City _____
State / Province _____
Zip code / Postal code _____
Phone number _____
Fax number _____



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Company Profile

Years in Business _____

Operating as _____ Proprietor ___ Partnership ___ Corporation ___ (Check one)

Name of Business Owner _____

Owner Phone Number _____

Federal Tax ID # _____

State Business License # _____

Dun & Bradstreet # _____

Accounts Payable _____

Buyer _____

Banking information

Banking Institution / Branch _____

Account Number _____

Contact / Bank officer _____

Phone _____

Fax _____

Trade References (attach if necessary)

| | | |
|------------|-----------------|-------------|
| Name _____ | Account # _____ | Phone _____ |
| Name _____ | Account # _____ | Phone _____ |
| Name _____ | Account # _____ | Phone _____ |

I authorize the release of the above information to Chromatic Distribution, Inc. as required for credit checking purposes. Credit terms are net thirty (30) days from the date of invoice. Interest will be charged at 1.5% per month on items over thirty (30) days. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. I agree to pay \$35.00 fee on any returned checks. CD reserves the right to change or limit the amount, nature of duration credit terms for any reason. The undersigned agrees to the terms and conditions stated herein.

Signature of Business Owner or Manager

Signature _____ Date _____