



The Best In Audio Visual Technology For Education & Business Since 1978

Office/ Showroom:
Lot. 27, Jalan SBC 5,
Taman Sri Batu Caves Industrial Park,
68100 Batu Caves,
Selangor, Malaysia

Postal Address:
P.O. Box G-200, Gombak,
53700 Kuala Lumpur,
Malaysia

Tel : 03-6189 3213 (6 Lines)
: 03-6189 1197
Fax : 03-6186 0651 (Sales)
: 03-6189 1200 (General)

E-mail : sales@hayamim.com.my
: admin@hayamim.com.my
Website : www.hayamim.com.my

DEALER APPLICATION

1. Company / Business Particulars

Date: _____ Sales Personnel: _____

Company Name : _____

Date of Incorporation : _____

Business Registration No. : _____

Business Address : _____

Registered Address : _____

Website : _____

Email : _____

Phone : _____

Fax : _____

Contact Person : _____

Designation : _____

Type of Organization : Proprietorship

Partnership

(Please Tick) Private Limited

Others

Related Company (s) (If Any) : _____

Paid-up Capital : _____

Principle Business Activities : IT Retailer AV Retailer Stationer School Supplier

(Please Tick) Office Automation System Integrator Home Theater

Government Vendor

If Other Please Specify _____

Primary Market Segment Served By Your Business : _____

Number of Staff Currently Employed : _____

Approx. Annual Sales Turnover : _____

2. Particulars of Shareholder Director/ Partners/ Proprietor

Name	I/C Number	Residential Address	Designation	Share %

3. Product Interested

BOSCH-Conference System SANYO-LCD Projector CHIAYO-Portable Wireless Amplifier SAMSUNG-Visualiser/Video Presenter

DRAPER-Projection Screen AVA Board & Monitor TOPLINE-AV Support Furnitures & Accessories SP CONTROLS-Device Control Module

Estimated Annual Purchases: _____

4. Trade reference (Current Supplier)

No.: _____

Supplier Name	Acct. No.	Phone No.	Email Address	Nature of Purchases	Credit Amount Provided

5. Credit Line Application

Amount of Credit Required : _____

Purchase Orders are Required : Yes No

Unsigned Purchase Orders are Acceptable: Yes No

CFO/ Financial Controller Name : _____ Phone No: _____

Accounts Payable Contact : _____ Phone No: _____

Purchasing Contact : _____ Phone No: _____

6. Bank Reference

Bank Name	Acct. No.	Phone No.	Contact Person	Details of Bank Facilities

7.
I/We, the undersigned, certify that the information provided here is true and correct. I/We understand that this information will be held in strict confidence and will be used by HASB in establishing a dealer relationship and approving a line of credit. The undersigned agrees that the payment terms for purchases on credit shall be Net 30 days from the date of invoice and that invoices unpaid after 30 days will cause future orders to be delayed. If payment is not received when due, applicant agrees to pay a monthly service charge of 1.5% of the unpaid delinquent balance until the account is paid in full. In the event that the account must be placed for collection, applicant agrees to pay all costs and expenses of collection including legal fees and expenses. Dated this day _____ month of _____ year _____.

_____ Authorized Signature 1 Name _____ Title _____	_____ Authorized Signature 2 Name _____ Title _____	} _____ Signature of Witness Name _____ Title _____
_____ Authorized Signature 3 Name _____ Title _____	_____ Authorized Signature 4 Name _____ Title _____	

*** Part 5 to 7, to be fill up only for credit application.**
****We can not process your application without an authorized signature and at least two trade references complete with phone and email address****
*****Please forward the duly completed form with all required documents by hand or speed Post for quick response.**

HASB Internal Use Only

Account No:	Dealer No:	Origin Date
Credit Rating	Credit Limit	Approval Date