



Ultralink/XLO Products, Inc.
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INTERNATIONAL DISTRIBUTOR/DEALER INFORMATION RECORD
 (Please type information for legibility purposes)

COMPANY NAME: _____ DATE: _____

ADDRESS: _____

TEL: _____ FAX: _____

PRIMARY CONTACT: _____

E-mail address: _____ Website: _____

How did you learn about XLO? Tradeshow Magazine Web Other.....

List company Owners/Officers

_____ Title _____ Title _____
 _____ Title _____ Title _____

Primary Sales Territory: _____

Year Business was established _____ Principal Business: _____

employed by your company _____ # of salespeople _____ # of active dealers _____

Sell to: *Retailer?* _____ *Chainstore?* _____ *End user?* _____ *Custom Installers?* _____
or Other? _____

What % of business is:

High End Audio _____ Home Theater _____ PRO _____ Custom Install _____ Other explain _____

Company Size: Small _____ Medium _____ Large _____

Estimated 1st Year Cable Purchase Budget: _____

Product Advertising: Yes ___ No ___ Please provide name of Publication: _____

DEALER INFORMATION RECORD
(Please type information for legibility purposes)

Company Name: _____

MANUFACTURERS CURRENTLY REPRESENTED BY YOUR COMPANY (*please include complete information country, tel/fax numbers and contact names*) for our reference

PRODUCT: _____ *imported from* _____

Contact Name: _____ *Tel:* _____ *Fax:* _____

PRODUCT: _____ *imported from* _____

Contact Name: _____ *Tel:* _____ *Fax:* _____

PRODUCT: _____ *imported from* _____

Contact Name: _____ *Tel:* _____ *Fax:* _____

PRODUCT: _____ *imported from* _____

Contact Name: _____ *Tel:* _____ *Fax:* _____

For consideration, please complete both pages in full and return to fax number below: