

Please Email Dealer
Application to:
info@somcllc.com or your
sales representative.



SOMC Las Vegas, NV

4606 Andrews St. Suite # 4
N. Las Vegas, NV 89081
P- 702-751-8686
F -702-751-8693

SOMC Dallas, TX

9259 King Arthur Dr
Dallas, TX 75247
P- 469-214-4144
F -214-740-2175

SOMC San Antonio, TX

5902 Business Park
San Antonio, TX 78218
P- 210-504-3777
F -210-504-3776

Dealer Application

Please note this is for a C.O.D account only- Please request a credit application for Terms

Business Name: _____ Phone: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____ County: _____ Zip _____
Ship To Address: _____ City: _____ State: _____ County: _____ Zip _____
Email: _____ Website Address: _____
Main Contact Name: _____ Title: _____

Corporation () Partnership () Sole Proprietor () State of Incorporation () Year Established _____ Fed Tax ID # _____
If subsidiary or branch: Name and address of parent company _____
Under present ownership since: _____ P.O. Required: Yes / No? Taxable? Yes / No Resale Number _____
Sales Tax will be charged unless a properly completed Sales and Use Tax Resale Certificate Exemption Form is attached.
Type of Business: _____ Estimated Yearly Screen Volume (\$) _____

****Driver's License # _____ State: _____**
****Please send a photocopy of driver's license. This is required to pay by check. ****
Applicant's Printed Name: _____ Title: _____
Applicant's Signature: _____ Date: _____

Internal Use Only Below

Approved Y / N Assigned Salesperson: _____ Taxable? Yes/No
Driver's License Photo ID Provided: Y / N? Supplying Branch: SATX _____ LV _____ DFW _____ Special
Notes: _____