ESTA

Application for Manufacturer / Distributor Membership

Company Name: _____

Address: _____

City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ WWW: _____

Year Established: _____ Type of Business: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC

Taxpayer ID #: _____ DUNS#: _____

Main Contact to receive ESTA communications: _____

Main Contact email: _____

Owner/President: _____

Number of full time or equivalent full time employees, in North America, including the owner(s): _____

Does your company/organization:

1. Supply a product or service to the entertainment production industry? ☐ Yes ☐ No
2. Carry business insurance? ☐ Yes ☐ No *(If yes, please provide proof of insurance)*
3. Hold a valid business license, resale tax permit or tax exempt permit? ☐ Yes ☐ No *(If yes, please provide copy)*
4. If your company has a principal LHRZ[illegible]USDUW[illegible]URI[illegible]FHU[illegible]UHFWRUPHPE[illegible] who has been convicted of a felony relating to fraud, theft, defalcation or similar dishonesty, you must provide location, date and nature of conviction on an attached sheet. *)

☐ **Manufacturer:**

1. What product(s) does your company manufacturer? _____

   _____

2. Does your company derive over 50% of its income from manufacturing? ☐ Yes ☐ No
3. Does your company:

   Maintain product liability insurance? ☐ Yes ☐ No

   [illegible] ☐ Yes ☐ No

   Have an established network of dealers and/or distributors? ☐ Yes ☐ No If yes, please list six:

   1. _____ 4. _____
   2. _____ 5. _____
   3. _____ 6. _____

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