

# Pro **AV** DEALER

## CONFIDENTIAL CUSTOMER CREDIT APPLICATION

4302 Hollywood Blvd #1022, Hollywood FL 33021, Phone# 888-597-7628

Email: Purchasing@proavdealer.com, www.proavdealer.com

### SECTION A: CONTACT AND BUSINESS INFORMATION

Legal Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Please list direct phone numbers only, no toll-free.

Fax Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Check One:

☐ Proprietorship ☐ Partnership

### SECTION B: NAMES OF PRINCIPAL OFFICERS, PARTNERS AND OWNERS

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

### SECTION C: BANK REFERENCES

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

### SECTION D: TAX STATUS

Are You: ☐ Taxable ☐ Non-Taxable

Sales Tax Exemption # \_\_\_\_\_

### SECTION E: TRADE REFERENCES (NO PUBLIC UTILITIES OR 800 NUMBERS)

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

4. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

### SECTION F: CERTIFICATION

I hereby certify that all the information presented on this application is true and complete. I also authorize **Proavdealer.com** to investigate the represented data on all references. Upon acceptance of this application and credit is extended, I hereby agree that all invoices are due and payable within ten (10) days and are subject to a finance charge of one and one-half percent (1 1/2 %) per month (18% APR) after thirty (30) days from invoice date. Any fees that are incurred and authorized by **Proavdealer.com** to collect past due accounts will be added to the amount that is due (their fees include and are not limited to attorney fee). Venue for all collection proceedings shall be in Hillsborough County, Florida.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

### SECTION G: INTERNAL USE ONLY

The undersigned, as an inducement to **Proavdealer.com** to extend a line of credit to: \_\_\_\_\_ do by presents, jointly and severally, guarantee the timely payment of all statements submitted for merchandise sold by **Proavdealer.com** to: \_\_\_\_\_  
In the event the account is turned over to an attorney for collection and/or suit, then the undersigned jointly and severally agrees to pay all attorney fees to **Proavdealer.com** for the services rendered by its attorney thereto. This guarantee can only be canceled by written notification to **Proavdealer.com** by certified mail, return receipt requested, but any cancellation shall not accept the guarantee on merchandise sold to \_\_\_\_\_ prior to receipt of such notice. This guarantee extends to purchases made by \_\_\_\_\_ whether the name hereafter changed or legal status of the company be changed from corporation to individual or vice versa.

Date: \_\_\_\_\_ President: \_\_\_\_\_ Vice-President: \_\_\_\_\_ Secretary/Treasurer: \_\_\_\_\_  
Date: \_\_\_\_\_ Account #: \_\_\_\_\_ ☐ Approved ☐ Non-Approved Credit Limit: \_\_\_\_\_ Sales Rep: \_\_\_\_\_