



CREDIT APPLICATION

BUSINESS INFORMATION

Company Name:

Company Address:

Check One: Corporation Partnership Proprietorship Subsidiary or Division of _____

Years in Operation:

Type of Business:

Dunn & Bradstreet #:

Partners/Owners (minimum 2 names):

Partners/Owners:

BILLING INFORMATION

Billing Address (if different from above address):

Accounts Payable Contact:

Accounts Payable Phone Number:

Accounts Payable email address:

PAYMENT INFORMATION

How will the majority of your payments to AVTranz be made? Please check one:

Company check Company credit card Client payment

TRADE REFERENCES

Company Reference #1:

Contact:

Phone:

Email:

Company Reference #1:

Contact:

Phone:

Email:

TERMS AND CONDITIONS

The undersigned Applicant, (“the Firm”) through its Authorizing Signatory, hereby (i) applies and requests A/V Tronics, Inc, dba AVTranz (AVTranz) establish a credit account for use by the Firm and all Authorized Users designated by the Firm; (ii) acknowledges and agrees that the account will be used solely for business or commercial purposes and not for personal, family or household purposes; (iii) agrees that the Firm will be liable for all transactions made on the account, including transactions by anyone designated as an Authorized User; (iv) acknowledges that each Authorized User is duly employed by the Firm; (v) agrees to be liable for all charges on the account; (vi) authorizes the receipt and exchange of credit information on the Firm; and (vii) agrees to be governed by the following:

Agreement Terms. Applicant understands that these agreement terms are subject to change. Applicant understands that the Authorizing Signatory must be 18 years or older and a U.S. citizen or permanent resident alien, and that the Company must be a U.S. business to qualify for this offer. Applicant understands that approval is based upon satisfying AVTranz' credit standards. Applicant understands that this application will be retained whether or not it is approved.

Payment Terms. All invoices are due upon delivery of service and/or product. If any invoice is not paid within stated terms, then AVTranz reserves the right to remove “on account” status without notice. All disputes of any kind must be reported in writing to AVTranz no later than 30 days from the date the invoice containing such disputed item or such item will be deemed correct and conclusively accepted by the Firm. The Firm waives any claim after said 30-day period. Submission of a written dispute notice by the Firm shall not relieve the Firm of its obligation to timely pay all undisputed amounts. If the Firm breaches this Agreement, then the Firm agrees to pay all of AVTranz’s collection agency fees and expenses, investigation, court and litigation expenses along with attorney fees equal to the greater of: (i) 15% of the amount owed, or (ii) the amount awarded by the court. All actions related to the Firm’s account and collection thereon shall be brought in any state and county where the Firm is located. In the case where the Firm fails to answer a complaint concerning an unpaid balance, AVTranz shall be entitled to attorney’s fees in an amount equal to 15% of the unpaid balance.

Additional Terms and Conditions. The Authorizing Signatory represents that he or she has the authority to do so and that by its execution he or she has caused the Firm to be bound hereby. If credit is approved, AVTranz reserves the right to cancel credit at any time with or without notice for any reason whatsoever.

SIGNATURES

Company Name
Authorized
Signature Title
Print Name Date

Agency Name
Authorized
Signature Title
Print Name Date