



Corporate Headquarters • 213 Broadway • Albany, New York 12204 • 518/449-7213 Fax 518/449-1205  
credit@audiovideocorp.com

### APPLICATION FOR CREDIT

Name of Organization: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Years at Above Location: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Check One:  Corporation - Year and State: \_\_\_\_\_  Partnership  Proprietorship

Sales Tax Status:  Exempt\*  Blanket Resale\*  Direct Payment\*

*\*Please enclose certificate for each state for which you are claiming exemption or resale.*

**Names of  
Officers,  
Principals or  
Partners:**

Name and Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

**Contacts:** Purchasing: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Special  
Requirements:**

Credit Line Desired: \_\_\_\_\_ Multiple Invoice Copies? \_\_\_\_\_

Preferred Carriers: Air: \_\_\_\_\_ Motor Freight: \_\_\_\_\_

Fax or E-mail Copies? \_\_\_\_\_ EFT Capability? \_\_\_\_\_

Other ways we can better serve you: \_\_\_\_\_

\_\_\_\_\_

**Bank  
References:**

Bank Name: \_\_\_\_\_ Account: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Other Account Number: \_\_\_\_\_

**Trade  
References:**

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

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Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
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Fax Number: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact: \_\_\_\_\_

**The above listed bank and trade references are hereby authorized to provide Audio-Video Corporation with information concerning our account information and credit history.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Please advise if C.O.D. shipments are acceptable prior to credit approval.**     Yes     No

**Thank you for your time & assistance!**

