



AUDIO-VIDEO CORPORATION
SINCE 1946

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: _____

Contact: _____

Name: _____

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Telephone Number: _____
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!



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