

**APPLICATION FOR CREDIT**

**TO: Audio Video Systems, Inc.**  
**1860 Old Okeechobee Rd., Suite 104**  
**West Palm Beach, Florida 33409**  
**(561) 686-4473 (561) 689-5520 FAX**

We wish to open an account with your company and submit the following information to enable you to obtain a credit history for that purpose.

**Firm Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Corporation**       **Partnership**       **Proprietorship**       **Years Established** \_\_\_\_\_

**Principals:** (list names of officers or owners and position)

---



---



---

TRADE REFERENCE	ACCT #	ADDRESS	TELEPHONE/CONTACT
1.			
2.			
3.			

**Bank:** \_\_\_\_\_ **Acct #s:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_ **Bank Contact:** \_\_\_\_\_

**Dun & Bradstreet #:** \_\_\_\_\_

**If Tax-Exempt, please attach copy of tax-exempt certificate.**

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY					
Trade Ref. No.	High Credit	Now Owing	Terms	How Long Sold	Remarks
1					
2					
3					
<b>Credit Department Remarks:</b>					
<b>Reviewed By:</b>			<b>Date:</b>		