



AAV Sales Rep Firm: _____

Contact Name: _____

Application for Open Account Credit

Company Name: _____

DBA: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Website: _____ Email Address: _____

If you would like to receive automated emails for both, please complete the following:

Automated Shipping/Tracking Email: _____

Automated Billing Email: _____

STATE RESELLER'S PERMIT #: _____

***must attach copy for application processing**

FEDERAL TAX ID: EIN # _____

Estimated Yearly Sales: _____

Years in Business: _____ How Long Under Present Ownership: _____ Credit Line Requested: \$ _____

Type of Business: _____

Type of Ownership:

- Corporation Partnership Ltd. Partnership
- Ltd. Liability Sole Proprietor Other: _____

Has this business or any predecessor in interest (general partners, if a general or limited partnership; owner, if a sole Proprietorship) ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or been the subject of a request for receivership? _____ If so, when? _____ State in which filed _____

Contacts:

Sales Manager: _____ Tel: _____ Email: _____

Purchasing Agent: _____ Tel: _____ Email: _____

A/P Manager: _____ Tel: _____ Email: _____

Service Manager: _____ Tel: _____ Email: _____

Are purchase orders required? Yes ____ No ____

If so, who specifically is authorized to issue purchase orders? _____

Owners / Members / Partners / Officers:

Name	Title	Home Address	Home Phone#	Social Security #

List 4 Active Trade References (may also attach list of references)

SUPPLIERS(4):

Name 1 :				Account :		Name 2 :				Account :				
Address :						Address :								
City :		State:	Zip :		E-Mail :			City :		State:	Zip :		E-Mail :	
Phone :				Fax :				Phone :				Fax :		
Name 3 :				Account :		Name 4 :				Account :				
Address :						Address :								
City :		State:	Zip :		E-Mail :			City :		State:	Zip :		E-Mail :	
Phone :				Fax :				Phone :				Fax :		

BANKING DETAILS:

Bank:				Address:				
City :			State :			Zip :		
Contact:			Telephone:			Fax / E-mail:		
Saving Account #:				Checking Account #:				

The undersigned warrants that he/she has authority to execute this Open Account Application and to bind said company to the terms contained herein.

In the event of default, the undersigned agrees to pay all costs of collection, including fees of any collection agency and attorneys' fees whether hourly or contingent, together with costs of court and further agrees that any legal action brought hereunder may be brought in the State of New York. Credit granted to the undersigned may, at AA&V's option, be canceled at any time with or without notice. All sums due for goods and/or services purchased, by, for, or on behalf of the undersigned are payable to: **AA&V 4325 Executive Dr., Suite 300, Southaven, MS, 38672**

I / We understand, acknowledge, and accept AA&V terms of sales and certify that the information given herein is true and correct.

I / We authorize AA&V to secure a business credit report and agree to release of credit information including the reporting of credit history to credit reporting agencies. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.

Company _____

Name: Print _____ Title: _____

Signature: _____ Date: _____