

**Application not valid until signed & completed in its entirety
Copy of state resale certificate & business license required**

Credit Application/Profile

Dealer-USA

How did you hear about Vutec: Advertisement Internet Trade Show Dealer Rep Firm Other _____

Business Name _____ Date _____

Address _____ City _____ State _____

Zip _____ Phone _____ Fax _____

E-mail _____ Web _____

Corporation Partnership Proprietorship Date Established _____ Federal ID# _____

Owner/Officers/Partners _____ Title _____

President _____ Secretary _____

Authorized Buyers 1. _____ 2. _____ 3. _____

Duns# _____ Annual Sales Volume _____ Accounts Payable Contact _____

Tax Exempt # _____ (Attach Certificate) Number of Employees _____

Chain Reseller Commercial A/V Dealer Home Theater Dealer Do you have a showroom? Yes No

Account Type Charge COD Credit Card Credit Line Requested _____

Personally Guaranteed? Yes No By _____

Credit Card Company _____ Card# _____ Exp. Date _____

Bank Ref _____ Acct# _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

TRADE REFERENCES

1. Name _____ Acct# _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____

2. Name _____ Acct# _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____

3. Name _____ Acct# _____ Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

E-mail _____

Agreement

- 1. Applicant agrees that extension of credit by Vutec Corporation (VUTEC) shall be subject to and in consideration of the following terms and conditions
- 1. Applicant acknowledges and agrees that all purchases of merchandise from VUTEC made under extension herein applied for shall be subject to terms and conditions of Sale (as revised from time to time)
- 2. Payment of all amounts due shall be made no later than the due date as indicated on each invoice under the heading TERMS.
- 3. Amount in default under the "TERMS" set forth in each sale invoice as indicated above will be subject to an 1 1/2 % per month late payment charge. Charges will not to exceed the maximum permissible by law in which the "SALE" was made.
- 4. Applicant agrees to reimburse VUTEC for cost of collection or attorney's fees incurred collecting any amount owed by the applicant permitted by law.
- 5. Applicant acknowledges Vutec will make its customary credit investigation and authorizes applicants bank to release information as desired by VUTEC.
- 6. We hereby indemnify Vutec Corporation and its agents from liability resulting from the credit survey. We understand that terms are net 30 days from shipment.

Print Name _____ Title _____ Date _____

Authorized Signature _____



VUTEC CORPORATION
2741 North East 4th Avenue, Pompano Beach, Florida 33064
Toll Free (800) 770-4700 Toll Free Fax (800) 548-5885
Telephone (954) 545-9000 Fax (954) 545-9011
www.vutec.com info@vutec.com



2741 N.E. 4th Avenue, Pompano Beach, FL 33064

Phone: 800-770-4700

Fax 800-548-5885

Credit Card Authorization Form

Please complete and fax to _____ at 800-548-5885 or email to _____

Company: _____

Please charge my/company: American Express Discover Master Card Visa

Card #: _____

Expiration date: ____/____/____ VID Code: _____

Credit Card Billing Address:

Name on the card: _____

Company name if applicable: _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

Amount \$ _____

Invoice #(s) _____

Cardholder's signature _____ / ____/____
Date

As the credit card holder, I also authorize Vutec Corporation to charge my credit card for future purchases verbally approved by me.

Authorization valid until: ____/____/____ Initials here: _____

If you wish confirmation that your credit card has been charged please let us know.

Name _____ Fax # _____

Your completion of this credit card authorization form helps us to protect you, our valued customers, from credit card fraud. Vutec Corporation will keep all information entered on this form strictly confidential.