



<http://www.FeedbackAV.com>

NEW DEALER APPLICATION

Dear Credit Card Applicant:

*Please fill out completely, the forms on the following pages. **Also please make a legible copy of all signee's Driver's Licenses (Enlarge if necessary).***

A personal guarantee form must be signed before credit can be extended to you.

Please check one of the terms that you are requesting:

- C.O.D. / Cash (Certified Bank Check)
- Credit Card – fill out credit application

Please include copies of the following if applicable:

- Sales Tax Exempt Certificate
- Resale Certificate

Please Fax Back To : 561-910-5811

Please fill out forms completely, do not leave any blanks. Upon receipt of all the required documents, please allow ten (10) working days for processing.

APPLICATION FOR NEW ACCOUNTS

Corporate Name: _____ FEIN #: _____

Trade Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Fax () _____ A/P Contact: _____

Shipping Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

CHECK ONE:

CORPORATION PARTNERSHIP SOLE PROPRIETOR OTHER _____

State of Incorporation: _____ # of Stores: _____ # of Employees: _____

Type of Business: _____ Date Started: _____

OFFICERS, PARTNERS, OR OWNERS (PLEASE PRINT CLEARLY)

1. Name: _____ Title: _____ SS#: _____

Home Address: _____ Email Address: _____

Cell Phone #: _____ Driver's Lic #: _____

2. Name: _____ Title: _____ SS#: _____

Home Address: _____ Email Address: _____

Cell Phone #: _____ Driver's Lic #: _____

I represent that the above information is true and is given to induce the extending of credit to the applicant. My company and I authorize Feedback AV, LLC. to make such credit investigation as sees fit, including any and all information concerning the financial and credit history of my company and myself.

I have read the above terms and conditions and agree to all of these terms and conditions.

Authorized Signature: _____ SS#: _____

Printed Name: _____ Title: _____ Date: _____

Resale Certificate #: _____ **(Attach Copy)**

*****Attach copy of Tax Exempt Certificate if applicable**

CREDIT APPROVAL AND TERMS CREDIT AGREEMENT

In order to induce Feedback AV, LLC to establish a line of credit or to accept business checks based upon the foregoing, the undersigned hereby agrees:

- 1. To promptly and timely pay all amounts when due, in accordance with the terms of sale.
- 2. To promptly and timely notify Feedback AV, LLC of any claims for shortages or non-shipping related damaged goods in accordance with the terms of the sale.
- 3. Should any litigation arise out of this agreement or from any transactions between the parties, including Guarantors, whether for collection or otherwise, Feedback AV, LLC shall be entitled to court costs and all attorney's fees, regardless of whether suit or action be brought or not, at both the trial court and appellate levels. The terms of this agreement shall be interpreted and construed pursuant to Florida Law and the venue of any action arising under the term of this agreement or any other grounds shall be Palm Beach County, FL.
- 4. By submitting and executing this Application, the Applicant hereby grants to Feedback AV, LLC a continuous security interest and authorizes Feedback AV, LLC to file a UCC-1 financing statement for the following described property:

All inventory of goods, merchandise, materials, and equipment now held or hereafter acquired by DEBTOR from SECURED PARTY, together with all additions and accessories thereto or therefore and any proceeds therefrom or thereof, including, but not limited to, all accounts receivable promissory notes, installment contracts, contract rights, documents, instruments, general intangibles and chattel papers or DEBTOR now existing or hereinafter arising out of or with respect to inventory and all proceeds from the foregoing.

- 5. Interest will automatically be added to any invoice not paid in full by the due date. Ten, fifteen and thirty-day terms are due and payable the last day of the term. Interest will appear on your monthly statement if the invoice is not paid on time.
- 6. Any and all past due amounts shall bear interest at a lesser of the maximum amount allowable by law or 1.5% per month (18% APR) calculated from the date of the invoice.
- 7. Credit terms are at the absolute discretion of Feedback AV, LLC who may terminate, alter or deny credit terms without notice and without cause. Any accounts past due in excess of thirty (30) days will automatically revert to a C .O.D. basis without further notice.
- 8. A \$75.00 charge will be added to any account with a bounced check (including check by phone or electric means). Three (3) bounced checks within a year will automatically change the account to C.O.D. cash only. A service charge will be added for all refused orders as follows: \$25.00 for orders up to \$500.00, \$5.00 for each additional \$250.00. If not paid, no further orders will be processed.
- 9. Enclose a copy of current Master Card or VISA in the name of the corporation, or personal card of guarantor.
- 10. By my signature(s) below (original or facsimile thereof), I authorize Feedback AV, LLC to obtain information concerning any statements made herein and understand that individual, and corporate, credit reports may be requested in connection with this application and any subsequent update, renewal, or extension of credit.

Dated this ____ day of _____

Company: _____

Signature: _____ Title: _____

Print Name: _____ SS#: _____

Corporate FEIN#: _____

NOTICE:

**THIS AGREEMENT MUST BE SIGNED BEFORE CHECK APPROVAL OR CREDIT WILL BE EXTENDED
PLEASE SEND ORIGINALS - FAXED COPIES WILL NOT BE PROCESSED!**



Credit Card Authorization Form

Date: _____

I _____, here by authorize Feedback AV, LLC to charge my credit card. **

Name of issuing Bank: _____

Please circle one

- American Express
- Visa
- Master Card

Credit Card #: _____

Expiration Date: _____ 3 or 4 digit code: _____

Cardholders Name: _____ Telephone #: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Country: _____

Feedback AV, LLC has my authorization to keep this information and charge my credit card until the above expiration date.

I assume all responsibility related to these charges and waive any rights to dispute charges upon receipt of goods. **

Credit Card Holder Signature: _____

(Signature as shown on credit card)

Please supply legible copies of a Government Issued Photo ID and the above-mentioned credit card - FRONT & BACK