



****** Urgent Order Pending ******

**CREDIT APPLICATION
BANK CREDIT INQUIRY FORM**

With reference to your request for credit, kindly complete the attached application form and also sign and date the Bank Credit Inquiry form. Upon receipt of these documents, your application can be processed expeditiously.

Thank you for contacting AVI-SPL for your business needs. We look forward to a long lasting business relationship.



New Customer Setup _____

Change Existing Customer _____

NEW CUSTOMER SETUP & CREDIT APPLICATION

Pre-Submission Checklist

1. Your **CURRENT AND PRIOR YEAR FINANCIALS** (including Balance Sheet, Income Statement and Statement of Cash Flows) may be required.
2. Please include blank copy of your standard Purchase Order form (if PO's are used). For fraud control purposes, Purchase Orders submitted that don't conform to this format will be rejected.
3. An **authorized officer or owner** of the respective business must sign below.
4. To avoid delays in processing your application please **complete all** sections of this application and email to credit@avispl.com. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**
5. At least one email address for AVI-SPL electronic invoice submission must be provided.

I. BUSINESS INFORMATION

Company Name: _____

Billing Address: _____

Phone #: _____ Fax #: _____

Is your company exempt from Sales Tax? Y / N (If yes please provide a copy of the Exemption certificate(s) for each applicable state and include them with this application).

Former Address (if at present less than 5 years): _____

Date Business Started or Acquired: _____ Number of Employees _____

Form of Business (Check One): Sole Proprietorship Partnership Corporation (State _____ Date _____)

Type of Business (Check only that apply): Non-Profit Church School Local/State/Fed Government

Tax ID #: _____ D&B # (if known): _____ SIC Code (if known): _____

Credit Amount Requested \$ _____

Are Purchase Orders Required? Y / N

Email Address for PDF Invoice Submission: _____

Officers: President: _____ Vice President: _____

Sec/Treas: _____ Controller: _____

Name of Parent Company (if applicable): _____

Accounts Payable Contact Person: _____ Email _____

Phone _____ Fax _____

Billing Address: _____

II. BANK INFORMATION

Name: _____

Address: _____

Account Officer: _____ Phone: _____ Fax: _____

Account #: _____

III. TRADE REFERENCES (Listing References authorizes permission to call):

1. Vendor: _____ Contact: _____

Phone #: _____ E-mail: _____

2. Vendor: _____ Contact: _____

Phone #: _____ E-mail: _____

3. Vendor: _____ Contact: _____

Phone #: _____ E-mail: _____

The above-named customer makes APPLICATION FOR CREDIT to AVI-SPL and provides the information contained herein, which is warranted correct, for the purpose of obtaining trade credit. In the event that debts to AVI-SPL become past due (in excess of 30 days from the stated invoice date), the customer agrees to make payment in full to AVI-SPL for all amounts due including attorney's fees, interest, late fees (to be assessed at a rate of 1.5% of the past due amount per month <18% annual rate>), damages, balance of contract and court costs. The customer authorizes AVI-SPL to gather, use, share with and disclose to its affiliates and business partners from time to time, any and all financial and/or credit information relating to the customer.

Signature of Authorized Officer or Owner

Title

Print Name

Date



CONFIDENTIAL CREDIT RATING REQUEST
*****Urgent Order Pending*****

Bank:
Attn:

Your account holder has authorized the release of below financial information to AVI-SPL for reasons of credit approval:

Customer Signature: _____ Print Name & Title: _____

The following customer is applying for credit with our company and listed your banking institution as a bank reference. Please complete the below information as soon as possible. If you are not able to complete this inquiry, please contact me at 800-282-6733 x 2969.

Fax completed inquiry to: 813-882-9508 attn: Joann Calderon
Or Email: Joann.Calderon@avispl.com

Credit Inquiry Form

Business Name:
Bank Account #:

Date Account Opened: _____

NSF's Rec'd: Y or N

Average Bank Balance: Low, Medium or High

Account Type: Checking Savings Invest. Other

Account Approx Size (Dollar Amount) 4 Figures _____ 5 Figures _____

6 Figures _____ 7 Figures _____ 8 Figures _____ Over 9 Figures _____

This Credit Report Completed By: _____
Signature/Title