



B-TECH AV MOUNTS LLC ACCOUNT APPLICATION FORM

BUSINESS CONTACT INFORMATION

Company name:						
Phone:		Fax:		Email:		
Company address:						
City:			State:		ZIP code:	
AP contact name:			AP email:			
Marketing contact name:			Marketing email:			
Date business commenced:						
Business type	Sole proprietorship		Partnership		Corporation	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:						
City:			State:		ZIP code:	
How long at current address?						
Telephone:		Fax:		Email:		
Bank name:						
Bank address:			Phone:			
City:			State:		ZIP code:	
Type of account:		Account number	Credit account required		Yes	No
Savings			Credit limit requested:			
Checking			D&B DUNS number:			
Other			EIN number:			

BUSINESS/TRADE REFERENCES

Company name:					
Address:					
City:			State:		ZIP code:
Phone:		Fax:		Email:	
Type of account:					
Company name:					
Address:					
City:			State:		ZIP code:
Phone:		Fax:		Email:	
Type of account:					
Company name:					
Address:					
City:			State:		ZIP code:
Phone:		Fax:		Email:	
Type of account:					

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize **B-Tech AV Mounts LLC** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

Name:		Signature:
Job title:		
Date:		