



CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

Company Name _____ Tax ID# _____

Billing Address _____

Contact _____ City _____ State _____ Zip _____

Country _____ Phone _____ Fax _____

Years in Business _____

TRADE REFERENCES

1. _____ Phone _____ Fax _____
(Name and Address)

1. _____ Phone _____ Fax _____
(Name and Address)

3. _____ Phone _____ Fax _____
(Name and Address)

I acknowledge that the terms offered by AV-TEK Consulting LLC are Net 30 days from the date of Invoice (unless agreed on other terms). I agree to pay interest at a rate of 1.5% per month (18% per annum) for all invoices past due, and all reasonable costs of collection, including attorney's fees, in the event of my failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1.5% per month (18% per annum) on all past due amounts. The below signatures also grant AV-TEK Consulting LLC the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____