



Phone (954) 630-9797  
Fax (954) 315-3344  
5149 Powerline Rd.  
Fort Lauderdale, FL 33309

Dear IAVI Customer,

Thank you for interest in establishing a credit line with IAVI.

Please provide the following information so that we can determine the credit line to provide:

- Credit Application (page 2 – please note that a signature is required at the bottom of the page)
- Bank References (page 3 – please provide your account numbers and have a company officer sign the form; please note that the signature must match the signature recorded in the bank records)
- Trade References (pages 4-6)
- Financial Statements (most recent financial statements, either partial year or full year)
- Sales Tax Exemption Certificate (aka Resale Certificate)

Thank you for trusting us with the information provided; you have our commitment that we will protect the confidentiality of your financial information.

Please complete and sign each page of this application and send with the requested attachments to our credit department at [Credit@iavi.com](mailto:Credit@iavi.com) or to the above fax or office address.

We will promptly evaluate your credit application; normally we provide a response in 5 business days, however, this is dependent on the completeness and accuracy of the information provided and a timely response from the bank and trade references.

Please note the following about our credit application process:

- A signed application is always required, even if you send your company's standard credit information.
- A company officer signature (as recorded in the bank records) is required on pages 2 and 3; this will help us avoid delays in processing and prevent fraud (electronic signatures are not acceptable for bank confirmation purposes).
- Financial Statements are required for credit requests over \$20,000; for other credit line requests, we may ask you for financial statements depending on the results of the credit review. Including financial statements in the credit review increases the amount of credit we can provide.
- For trade references, it helps if you contact them in advance to let them know the information we are looking for.

Thank you again for your business and don't hesitate to contact us if you have any questions or comments.

Best Regards,

The Credit Team at IAVI



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## CREDIT APPLICATION

COMPANY:			
MAILING ADDRESS:			
CITY/STATE/ZIP:			
MAIN NUMBER:		MAIN FAX:	
WEBSITE:		MAIN E-MAIL:	

**CONTACTS:**

MAIN CONTACT:		ALTERNATE CONTACT:	
E-MAIL:		E-MAIL:	
ACCOUNTS PAYABLE:		ACCOUNTING:	
CONTROLLER/CFO:		PRESIDENT/OWNER:	

**LEGAL STRUCTURE: (TYPE AN "X")**

SOLE PROPRIETORSHIP:		PARTNERSHIP:		LLP:	
C CORPORATION		S CORPORATION:		LLC:	
STATE INCORPORATED:					

**TYPE OF COMPANY: (TYPE AN "X")**

RESELLER / DEALER:		INSTALLER:		OTHER:	
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DUN & BRADSTREET #:		EIN#:	
STATE TAX ID:			

**MARKETS SERVED:**

REGION(S) / STATE(S):		INDUSTRIES:	
KEY PRODUCTS:		IAVI SALESPERSON:	

CREDIT REQUESTED (\$):		PURCHASES (EST):	
COMMENTS/OTHER:			

I certify that all information provided is correct and understand that it will be verified by IAVI; I authorize IAVI to investigate and confirm this information with our financial institution, the trade references provided or any other third party. We understand and agree with IAVI's standard terms and conditions of sale as published in [www.iavi.com](http://www.iavi.com), including the payment monthly interest charges of 1.5% on past due balances, in addition to any other collection costs or legal fees.

NAME:		SIGNATURE:	
TITLE:		DATE:	



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## BANK REFERENCES

**BANK NAME:** \_\_\_\_\_

BANK NAME/BRANCH			
ADDRESS:			
CITY/STATE/ZIP:			
CONTACT PERSON:		TITLE:	
CONTACT PHONE:		FAX:	

**DEPOSIT ACCOUNT #:** \_\_\_\_\_

YEAR OPENED:		CURRENT BALANCE:	
AVG.BALANCE (LAST 12 MONTHS)		NSF'S (LAST 12 MO'S)	

**CHECKING ACCOUNT #:** \_\_\_\_\_

YEAR OPENED:		CURRENT BALANCE:	
AVG.BALANCE (LAST 12 MONTHS)		NSF'S (LAST 12 MO'S)	

**CREDIT LINE #:** \_\_\_\_\_

EXPIRATION DATE:		COLLATERAL:	
AMOUNT AUTHORIZED:		CURRENT BALANCE:	
MONTHLY PAYMENT (P&I):		PAST DUE BALANCE:	

**TERM LOAN #:** \_\_\_\_\_

YEAR OPENED:		COLLATERAL:	
LOAN AMOUNT:		CURRENT BALANCE:	
MONTHLY PAYMENT:		PAST DUE BALANCE:	

COMMENTS:	
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**CUSTOMER REQUEST AND APPROVAL:** I hereby authorize above Bank to provide IAVI the information requested in this form. Information requested by (COMPANY OFFICER SIGNATURE REQUIRED):

COMPANY:	ADDRESS:	
NAME:	SIGNATURE:	
TITLE:	DATE:	

**BANK CERTIFICATION** - INFORMATION CERTIFIED CORRECT (INCLUDING CUSTOMER SIGNATURE) BY:

BANK NAME:	ADDRESS:	
OFFICER NAME:	SIGNATURE:	



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## TRADE REFERENCE # 1

SUPPLIER NAME:	
PHONE:	
FAX:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
CONTACT PERSON:	
CONTACT'S EXT	

I hereby authorize above Supplier to provide IAVI and its representatives the following information regarding our accounts. Your prompt attention to this request is appreciated.

ACCOUNT OPENED:	
LAST SALES DATE/AMOUNT:	
AVAILABLE CREDIT LINE:	
OUTSTANDING BALANCE:	
PAST DUE AMOUNT:	
PAYMENT TERMS:	
AVERAGE DAYS TO PAY:	
SECURITY / GUARANTEE:	
COMMENTS:	

Information Requested By (To be filled out by the Customer):

COMPANY:		ACCOUNT #:	
NAME:		SIGNATURE:	
TITLE:		DATE:	

Information Provided By (To be filled out by the Supplier):

NAME:		SIGNATURE:	
TITLE:		DATE:	



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## TRADE REFERENCE # 2

SUPPLIER NAME:	
PHONE:	
FAX:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
CONTACT PERSON:	
CONTACT'S EXT	

I hereby authorize above Supplier to provide IAVI and its representatives the following information regarding our accounts. Your prompt attention to this request is appreciated.

ACCOUNT OPENED:	
LAST SALES DATE/AMOUNT:	
AVAILABLE CREDIT LINE:	
OUTSTANDING BALANCE:	
PAST DUE AMOUNT:	
PAYMENT TERMS:	
AVERAGE DAYS TO PAY:	
SECURITY / GUARANTEE:	
COMMENTS:	

Information Requested By (To be filled out by the Customer):

COMPANY:		ACCOUNT #:	
NAME:		SIGNATURE:	
TITLE:		DATE:	

Information Provided By (To be filled out by the Supplier):

NAME:		SIGNATURE:	
TITLE:		DATE:	



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## TRADE REFERENCE # 3

SUPPLIER NAME:	
PHONE:	
FAX:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
CONTACT PERSON:	
CONTACT'S EXT	

I hereby authorize above Supplier to provide IAVI and its representatives the following information regarding our accounts. Your prompt attention to this request is appreciated.

ACCOUNT OPENED:	
LAST SALES DATE/AMOUNT:	
AVAILABLE CREDIT LINE:	
OUTSTANDING BALANCE:	
PAST DUE AMOUNT:	
PAYMENT TERMS:	
AVERAGE DAYS TO PAY:	
SECURITY / GUARANTEE:	
COMMENTS:	

Information Requested By (To be filled out by the Customer):

COMPANY:		ACCOUNT #:	
NAME:		SIGNATURE:	
TITLE:		DATE:	

Information Provided By (To be filled out by the Supplier):

NAME:		SIGNATURE:	
TITLE:		DATE:	