



4062 Kingston Court • Marietta, GA 30067 • 770-419-2150 • Toll-Free 877-AVR-5100

E-CHECK / C.O.D. APPLICATION - PART I

Please complete this form and mail or fax it back to AVR at 800-570-3068.

I would like to receive special/closeout pricing and vendor promotions via Fax Email Neither

BUSINESS INFORMATION

Business Name _____ d/b/a Name _____
 Year Business Established _____ Incorporated? Yes No Federal Tax ID # _____
 Key Contact Name _____ Business Type _____
 Address _____ City _____ State _____ Zip _____
 Ship-To Address (If Different) _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____ Email _____
 Accounts Payable Contact _____ A/P Email _____

COMPANY OFFICER / OWNER INFORMATION

OFFICER #1 Name _____ Title _____
 Social Security # _____ Date of Birth _____
 Home Address _____ City _____ State _____ Zip _____
 Business Address _____ City _____ State _____ Zip _____
 Business Phone _____ Home Phone _____

OFFICER #2 Name _____ Title _____
 Social Security # _____ Date of Birth _____
 Home Address _____ City _____ State _____ Zip _____
 Business Address _____ City _____ State _____ Zip _____
 Business Phone _____ Home Phone _____

Closest Contact Person Name _____ City _____ Phone _____

BANK INFORMATION

Bank Name _____ City _____ State _____
 Checking Account # _____ Contact _____
 Telephone _____ Fax _____
 Person Authorized to Sign Checks _____

Authorization to Obtain Bank Reference:

 Signature Printed Name Date

CREDIT REFERENCES - Please Complete All Four

SUPPLIER #1 Company Name _____ Credit Contact _____
 Phone _____ Fax (*Required) _____ Acct. # _____
 SUPPLIER #2 Company Name _____ Credit Contact _____
 Phone _____ Fax (*Required) _____ Acct. # _____
 SUPPLIER #3 Company Name _____ Credit Contact _____
 Phone _____ Fax (*Required) _____ Acct. # _____
 SUPPLIER #4 Company Name _____ Credit Contact _____
 Phone _____ Fax (*Required) _____ Acct. # _____



E-CHECK / C.O.D. APPLICATION - PART II

Please complete this form and mail or fax it back to AVR at 800-570-3068.

PERSONAL GUARANTEE

To induce Audio Video Representatives, Inc. ("AVR") to approve C.O.D. terms to _____ ("Company"), the undersigned _____ (Print Owner's Name) absolutely and unconditionally guarantees to AVR the prompt and full payment when due of any and all Company's indebtedness and liability of every kind, nature and character to AVR, together with all other expenses incurred by AVR in collection of such indebtedness and liability. Guarantor understands that this is a continuing guarantee which can only be terminated by giving written notice to AVR by certified mail. Guarantor further understands that this Guarantee will terminate only on the date such notice is received by AVR and that such notice will not affect obligations for unpaid sums which came due before notice is received by AVR. Guarantor understands that this Personal Guarantee is governed by the laws of the State of Georgia. Guarantor agrees that all controversies arising out of, or under, this Personal Guarantee may be filed and resolved in the courts of Cobb County, Georgia or the United States District Court for the Northern District of Georgia, Atlanta Division. I agree and consent that jurisdiction and venue are proper in these specified courts, and I waive all defenses I may have to that jurisdiction and venue. I execute this document under seal on the date listed below:

Date _____ Signature _____
Printed Name _____

Home Address _____ City _____ State _____ Zip _____
Witness _____ Witness _____

AUTHORIZATION AND REQUIRED DOCUMENTS

I am authorized to complete and execute this agreement on behalf of the company shown below. I understand that AVR may investigate both my financial status and the company's financial status. A copy of the company's BUSINESS LICENSE and TAX EXEMPT CERTIFICATE accompany this agreement. Returns are for credit only; no cash refunds.

- I have read, acknowledged, and agree to all of AVR's policies and procedures.

Company Name _____
Signature _____
Title _____ Date _____
Printed Name _____

DIRECT PAYMENT AUTHORIZATION FORM

I, _____ of _____ authorize AVR, Inc. dba
Corporate Officer or Business Owner Corporation Name / Business Name

AVR Distributing to initiate electronic debit (E-Check) entries to my checking account for payment of my AVR Distributing Invoices.

Bank Name (Please Print) _____ Checking Acct Name _____
Checking Account Number _____ Bank Routing Number _____
Bank City and State _____

Person Authorized to Sign Checks on This Account:

Printed Name _____ Signature _____
Title _____ Date _____

I acknowledge that the origination of electronic transactions to my account must comply with the provisions of U.S. laws. I agree to notify AVR Distributing in writing of any changes to my account information or termination of this authorization. I understand that cancellations must be made in writing and I will not dispute AVR Distributing debiting my account, as long as the amount corresponds to the invoice I am paying.

- I have included a copy of a voided check for this bank account.
- I have included a copy of my driver's license.
- The name on my driver's license matches the name of the Corporate Officer or Business Owner authorized to sign on this checking account.



POLICIES AND PROCEDURES

Please initial this form and mail or fax it back to AVR at 800-570-3068.

Returns

- Please call 770-419-2150 ext. 219 or fax 800-570-3068 with your RA request, which must include the product part numbers, serial numbers (if applicable), and problem descriptions. If your request meets all of AVR's guidelines, an RA number will be issued to you. Only boxes with an RA number clearly taped or written on the outside of the box will be accepted.
- Defective product must be returned in "like new" condition, shipped freight prepaid and double boxed, with the RA concealed inside, in the original packaging box. Please do not write on the original packaging box. Any product showing signs of misuse or consumer abuse will be returned to the customer to be sent in for warranty repair.
- RA numbers are valid for a period of 30 days only. Defective returns are eligible for return only within 90 days from the AVR invoice date or 30 days of retail sale to the end-user. After 90 days, all products must be referred to the manufacturer for authorized warranty repair (some manufacturers may have stricter return policies than AVR).
- A copy of the AVR invoice and retail customer invoice/receipt must be included with all returns. Returns will be credited at the price paid on invoice or current selling price, whichever is lower, less any restocking fee. Credit will be issued within 10 business days upon receipt of merchandise at AVR. No cash refunds.
- Factory sealed product in resellable condition may be returned at AVR's discretion. Non-defective, opened products will not be considered for return. Resellable products authorized for return will be credited at the current AVR selling price, less a 15% restocking fee.
- Sales of closeout items are final.
- Items designed for customer use but used commercially are not eligible for return.
- Cabinet Speakers are not eligible for return. Only speaker drivers will be exchanged.
- Projectors, LCDs, and plasma televisions are only covered under the manufacturer's warranty and may not be returned to AVR for credit.

Shipping

- All billing and pricing errors must be reported within 7 days of receipt of shipment.
- Shipping errors must be reported within 2 business days (see Damages/Claims below).
- Freight and insurance costs are calculated and added to the invoice total.
- All freight charges are subject to dimension/oversize carrier weight regulations.
- Shipping fees are non-refundable.
- Customer is responsible for all freight charges for unaccepted or refused delivery of shipments.
- Refused shipments will incur a 20% restocking fee.
- Before backordered items are shipped, a sales representative will call for release authorization.
- Backordered items are shipped at prices in effect when the item was ordered or current selling price, whichever is lower.

Damages/Claims

- Damages are the responsibility of the carrier once the shipment is released from AVR. After shipment is released to carrier, any damages must be reported to AVR within 2 business days from receipt of shipment. All claims must be filed by AVR directly with the freight carrier.
- LCD and Plasma TVs must be opened and inspected prior to accepting the shipment. Damage claims will not be paid unless damage is indicated on the freight bill.
- To ensure damage/ claim credit, all damaged product, original packaging and outer shipping box must be kept at customer location for inspection by carrier service. If digital photos are available, please send them to claims@av-rep.com. For assistance, please contact our Claims Department at (770) 419-2150 ext. 219.

Returned Checks

- All customers whose checks to AVR are returned unpaid by their bank are notified by mail and/or telephone to replace the check immediately and pay the applicable service charge allowable by law. All returned checks must be paid to AVR with a certified check or money order within 10 business days. Failure to do so will result in AVR taking all appropriate legal actions.

Initial _____ Date _____