



Please email your signed application to: Credit@TechVisionUSA.com or fax it to

[561-288-5257](tel:561-288-5257) **Note: Processing may take up to 5 business days**

FOR INTERNAL USE ONLY

Account:

Terms:

Credit Limit:

CREDIT APPLICATION

PERSONAL INFORMATION

Full Legal Name/Business Entity	Email	Phone	Fax	
Doing Business As (DBA)	Street Address	City	State	Zip
Billing Contact	Country			

BUSINESS INFORMATION

Number of Employees	Years Business Established	Annual Sales	Website Address
Federal Tax ID (If in U.S.A.)	State/Country of Incorporation	VAT Registration Number	Currency (If outside U.S.A.)
Do You Require PO #'s? YES NO	Company Type		

BANK REFERENCES

Bank Name	Account Number	Contact	Phone #		
Fax #	Address	City	State	Zip	Country
Bank Name	Account Number	Contact	Phone #		
Fax #	Address	City	State	Zip	Country

CREDIT APPLICATION (CONTINUED)

TRADE CREDIT REFERENCES (NO CREDIT CARDS PLEASE)

Company Name	Contact	Phone #	Fax #	
Address	City	State	Zip	Country
Company Name	Contact	Phone #	Fax #	
Address	City	State	Zip	Country

AUTHORIZED PURCHASERS

The endorsing purchaser(s) designated below are authorized to determine which individuals may purchase on behalf of the applicant (Company Only), and shall provide written notification to TechVisionUSA. of those individuals which are authorized to act as authorized purchaser(s) on the applicant's credit account. The applicant is responsible for notifying its purchasers of the terms and conditions of the credit account. Any changes to individuals listed (additions or deletions) must be made in writing to TechVisionUSA. Changes are effective the date TechVisionUSA. receives written notification.

Purchaser Name	Title	Email Address	Phone Number
Purchaser Name	Title	Email Address	Phone Number

AUTHORIZED INDIVIDUALS WHO MAY PURCHASE ON THE APPLICANT'S CREDIT ACCOUNT

Name	Title	Date
Name	Title	Date

AUTHORIZED PURCHASE ORDER ACCOUNT INFORMATION

Are You a Governmental Entity with a Government Issued Purchase Order?

YES NO

Purchase Order Number & Issuer Information

YES NO

If credit is granted, I/We promise to pay all bills within TechVisionUSA. terms of Net-30 days from receipt of invoice. I/We understand that there will be 1 1/2 % interest per month charged on all past due balances. In the event payment is not made and this account is referred for collections, I/We agree to pay all collection fees, attorney fees, and court costs if applicable. There will be a \$25.00 fee charged for all returned checks. I/We also understand and agree that TechVisionUSA has our permission to conduct a credit investigation including, but not limited to, bank and trade references, and credit bureaus. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice.

All credit returns will be subject to Security Camera King's repair and return policy. Merchandise will not be accepted for return unless authorized by TechVisionUSA by obtaining an RMA number. Merchandise accepted for return may be subject to a restocking charge. I/We herein make application to TechVisionUSA for credit and/or to update and reconfirm our existing account and balance. By signing this document, I/We agree to abide by the Original Manufacturer's Warranty Policy.

Any warranty on any merchandise purchased from TechVisionUSA here-under is subject to payment in full of all amounts owed with respect to such merchandise and purchaser will have no rights under such warranty until payment in full is received by TechVisionUSA.

The parties expressly agree that exclusive jurisdiction for any legal proceeding relating to this agreement or otherwise related to the merchandise purchased hereunder shall be in the State of Florida. Each party expressly and irrevocably consents and submits to the jurisdiction of each such state and federal court in connection with any such legal proceeding.

SUBMITTING THIS FORM:

(Pick One)

1. After filling out the form click the SUBMIT button below. This will ask you to select which E-Mail program you'd like to use to submit the form. You may also save this file after filling it out and email it to Credit@TechVisionUSA.com
2. Click the PRINT button to print this form and mail this form to one of the addresses listed on this form's cover page. You may also print and fax this form to: [561-288-5257](tel:561-288-5257)

APPLICANT SIGNATURE

By Signing and Submitting this form, you are agreeing to our [E-SIGN AGREEMENT](#)

APPLICANT SIGNATURE

APPLICANT TITLE

DATE