



# TEQ AVIT DEALER APPLICATION

## BUSINESS INFORMATION

|   |              |                            |                   |
|---|--------------|----------------------------|-------------------|
| Company name:   |              |                            |                   |
| Address:  |              |                            |                   |
| City:   |              | State:                     | Zip Code:         |
| Phone:  | Fax:         | Web Site:                  |                   |
| Nature of Business: ___ System Integration ___ Sales & Service ___ Rental & Staging ___ Distribution/ Manufacturing |              |                            |                   |
| State:  |              | Resale Certificate Number: |                   |
| Date business commenced:  |              | No. of Locations:          | No. of Employees: |
| Sole proprietorship:  | Partnership: | Corporation:               | Other:            |

## CONTACT INFORMATION

|                      |  |        |                      |
|----------------------|--|--------|----------------------|
| Key Contacts:        |  | Email: | Phone and extension: |
| Primary contact:     |  |        |                      |
| President CEO/Owner: |  |        |                      |
| CFO/Finance:         |  |        |                      |
| Accounts Payable:    |  |        |                      |
| Purchasing:          |  |        |                      |
| Project Manager:     |  |        |                      |
| Technical:           |  |        |                      |

## BUSINESS/TRADE REFERENCES (PREFERRED FROM AV INDUSTRY)

|                        |       |                          |  |
|------------------------|-------|--------------------------|--|
| Company name:          |       | Account No.:             |  |
| Address:               | City: | State & ZIP Code:        |  |
| Phone:                 | Fax:  | E-mail:                  |  |
| Contact:               |       | Typical Items Purchased: |  |
| Type of account/Level: |       | Current Payment Terms:   |  |
| .....                  |       |                          |  |
| Company name:          |       | Account No.:             |  |
| Address:               | City: | State & ZIP Code:        |  |
| Phone:                 | Fax:  | E-mail:                  |  |
| Contact:               |       | Typical Items Purchased: |  |
| Type of account/Level: |       | Current Payment Terms:   |  |
| .....                  |       |                          |  |
| Company name:          |       | Account No.:             |  |
| Address:               | City: | State & ZIP Code:        |  |
| Phone:                 | Fax:  | E-mail:                  |  |
| Contact:               |       | Typical Items Purchased: |  |
| Type of account/Level: |       | Current Payment Terms:   |  |

## AGREEMENT

By submitting this application, you authorize Teq AVIT (div. of Teq Group, Inc.) to make inquiries with banking and business/trade references you have supplied. All information received or gathered by Teq Group, Inc. will be kept confidential and not released to third-party without written consent or legal demand.

|  |  |
|--|--|
| Authorized Signature:<br><br>_____<br>Name:<br><br>Title:<br><br>Date: | (For Internal use only)<br>Application Received: _____ Date: _____<br>Verification: _____ Approval: _____<br>Account No.: _____<br>Credit Terms: _____ |
|--|--|

TEQ AVIT (Div. of Teq Group, Inc.)  
 22431 Antonio Pkwy., Ste. B160  
 Rancho Santa Margarita, CA 92688 USA

Please FAX to (949) 709-4401 or email to [accounting@teqavit.com](mailto:accounting@teqavit.com)  
 Please contact us at (949) 709-4040 or (877) 698-4327 [www.teqavit.com](http://www.teqavit.com)