



## New Customer Account Application

Jacksonville, FL

Phone: 904-647-8273

Fax: 904-503-0970

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Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

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To sign up for our automated faxing of invoices and order confirmations provide:

Fax: (for invoices): \_\_\_\_\_ Fax: (for order confirmations): \_\_\_\_\_

To sign up for our automated email of invoices and order confirmations provide:

Email: (for invoices): \_\_\_\_\_ Email: (for order confirmations): \_\_\_\_\_

To sign up for our automated email shipment notification and tracking system provide:

Email: \_\_\_\_\_ Shipment notification: \_\_\_\_\_

Preferred Ship Via: (circle)      UPS      Roadway      Fed-Ex      Customer Routed

Buying Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Sales \$: \_\_\_\_\_ Annual A/V Mount Sales \$: \_\_\_\_\_

Primary Market(s) served: \_\_\_\_\_

How did you learn about A-V Mounts: \_\_\_\_\_

Number of Sales Locations: \_\_\_\_\_

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I certify that the above information is correct and hereby apply for a customer account with A-V Mounts, LLC. in order to promote and sell their professional products to end-user customers, I further certify that I am authorized to enter into this agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_