



**AVM**  
**ENTERPRISES, INC.**  
 Your Single Source Hospitality Supplier

**A.V.M. ENTERPRISES, INC.,**  
**P.O. BOX 22283**  
**CHATTANOOGA, TN 37422**  
**PHONE (800) 218-3995**  
**FAX (800) 518-5528**

*Initial orders can only be processed after this application has been completed and returned.*

**Customer Identification and Address**

Legal Company Name		Type Of Business	Established In	Number of Employees	Phone
Billing Address		Name & Shipping Address			D&B #
Please List ALL of your Business Names and Address that will be Shipping and Receiving					Fax Number

**TRADE REFERENCES (Suppliers that have done business with you for at least 1 year on credit and have established credit line greater then you are requesting.)**

1. Name	Address	City/State/Zip	Phone	Credit Line _____ Terms _____
2. Name	Address	City/State/Zip	Phone	Credit Line _____ Terms _____
3. Name	Address	City/State/Zip	Phone	Credit Line _____ Terms _____
4. Bank Reference (checking)	Acct#.	Bank Officer Contact	City/State/Zip	Phone

**AUTHORIZATION**

Has The Firm or Any of Its Principals Ever Been Bankrupt ? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
Principle Owner or Authorized Officer of Business	Annual Sales/Revenue \$ _____ Total Annual Purchases(all Supplies) \$ _____ Federal Tax ID# _____
Debtors Social Security # for Partnership/Individual	Estimated Monthly Credit Requirement \$ _____ Please Check One <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership
Parent Corporation (If you are Branch, Subsidiary, Division or Affiliate) Name _____ Address _____ City, State _____	Corporation Date Incorporated _____ State of Incorporation _____ State Corporation # _____

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A Copy of this document shall be as the original.	In Consideration of any extension of credit by A.V.M. ENTERPRISES, INC. Applicant agrees to pay any collection costs incurred to collect any delinquent balance owing to creditor, including but not limited to collection agency cost, court costs, attorney fees and interest at a rate of 18% per annum.	<b>APPLICANTS SIGNATURE (must be signed for consideration of credit)</b> Print name of the Owner/Manager _____ <small>Typed or Printed Name</small> Owner/Manager _____ Title _____ <small>Signature (Must be signed to be considered for credit)</small> Date Signed _____
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**\*Required for Approval:  
Please complete this form.**

### Individual Personal Guarantee

I, \_\_\_\_\_ SS# \_\_\_\_\_, residing at \_\_\_\_\_ For and in consideration of your extending credit at my request to \_\_\_\_\_ (Hereinafter referred to as the "Company"), of which I am \_\_\_\_\_ (TITLE), hereby Personally guarantee to you the payment at \_\_\_\_\_ (property name) in the state of \_\_\_\_\_ of any obligation of the company or its successor and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Address \_\_\_\_\_ Signature \_\_\_\_\_

Should you approve this application, I (we) agree to pay for all goods purchased within the term period per invoice date. AVM Enterprises Inc., is authorized to contact any reference or banks listed above. It is understood that any information so obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts.

Should it become necessary to collect this account through an attorney, by legal proceedings, or otherwise, the undersigned, including endorsers, promise to pay all cost of collection, including but not limited to attorney's fee.

#### Terms & Conditions

- Prices subject to change without notice.
- MasterCard, Visa Discover Card accepted.
- No returns accepted without prior authorization. You will not receive credit for any Unauthorized Returns.
- No Returns accepted after 30 DAYS.
- 15% Restocking fee for all returns to AVM
- All shipments are COD unless otherwise stated by AVM Enterprises Inc.,
- We are not responsible for any typographical errors in price or in description that occur in this brochure.

#### **\*IMPORTANT PLEASE NOTE**

##### Shipped Goods Through Freight Carriers

\* Customers are responsible to note any missing or damaged items that were shipped with the carrier upon delivery of goods. AVM Enterprises Inc. **MUST** be notified within 48 hours of delivery with the written notification given to carrier in order to receive credit.