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 HermanAVGroup.com

CREDIT APPLICATION



13400 Wright Circle | Tampa | FL 33626
 t. 844.441.1669 | f. 727.264.0620
 HermanAVGroup.com

Please complete all sections of this form in order to expedite processing. Signed Certificate of Resale must be included with this application.

Company Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: USA Other: _____

Website: _____

I Prefer Paperless Billing Billing Email: _____

of Years in Business: _____ # of Employees: _____

Other Locations? Yes No If Yes, How Many? _____

Credit Limit Requested: _____

Main Contacts: _____

President: _____ Operations: _____

Engineering: _____ Purchasing: _____

Finance: _____ Gen. Mgmt: _____

Corporation Partnership Proprietorship LLC

Type of Business: System Integrator Pro AV End User Rental & Staging
 Other: _____

Tax Exempt? Yes No Resale / Sales Tax No: _____

SS#: _____ or F.E.I.N.: _____

Purchasing Contact: _____

Phone: _____ Email: _____

Accounts Payable Contact: _____

Phone: _____ Email: _____

Shipping Address (If different from Billing Address): _____

Street: _____

City: _____ State: _____ Zip: _____

How did you hear about Herman? _____

What products/services are you interested in? _____

Would you like to receive our E-News, promotions and specials? Yes No Email: _____

Current Industry Memberships: NAB INFOCOMM CEDIA Other: _____

CREDIT REFERENCES AND BANK INFORMATION (You may also attach your standard credit information sheet if available)

1 Vendor Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ ext: _____ Email: _____
Doing Business Since: _____ Acct. #: _____ Credit Limit: _____

2 Vendor Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ ext: _____ Email: _____
Doing Business Since: _____ Acct. #: _____ Credit Limit: _____

3 Vendor Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ ext: _____ Email: _____
Doing Business Since: _____ Acct. #: _____ Credit Limit: _____

4 Vendor Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Phone: _____ ext: _____ Email: _____
Doing Business Since: _____ Acct. #: _____ Credit Limit: _____

OWNERS, PARTNERS OR CORPORATE OFFICERS

Name: _____ Title: _____ SS#: _____
Name: _____ Title: _____ SS#: _____
Name: _____ Title: _____ SS#: _____

BANK INFORMATION

Bank Name: _____ Account #: _____
Contact Name: _____ Contact Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Authorized Person(s) to Sign Company Checks: _____

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchase according to the credit terms on vendors invoice or, if none appear, according to the terms of net due within 30 days. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty days of any of any change in style of business organization, financial condition or controlling ownership. Applicant agrees to pay a service charge of 1 1/2% per month or the maximum allowed by law, whichever is greater, on any past due balances and also agrees to pay all costs of collection including attorney fees, whether at the prelawsuit, trial or appellate court.

Name: _____ Date: _____
Signature: _____ Title: _____

WEBSITE AUTHORIZATION FORM

Please print, sign and return via fax: 305.392.3371 -or- email: ar@hermanproav.com

Company Name: _____ Account Number: _____

Main Web Contact: _____ Email: _____

I hereby authorize the following users to utilize our account with Herman Pro AV as indicated below¹:

User 1 - Email: _____ Place PO's: Yes No

User 1 Name: _____

User 2 - Email: _____ Place PO's: Yes No

User 2 Name: _____

User 3 - Email: _____ Place PO's: Yes No

User 3 Name: _____

User 4 - Email: _____ Place PO's: Yes No

User 4 Name: _____

Name: _____

Title: _____

Signature: _____ Date: _____

¹ Please note that ALL users will have access to your company specific pricing. Users who are not able to place orders with a purchase order will have the ability to purchase with a credit card.

UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

Wholesaler

Retailer

Manufacturer

Seller (California)

Lessor (see notes on pages 2-4)

Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller:

_____ Q

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ¹	_____	MO ¹⁶	_____
AR	_____	NE ¹⁷	_____
AZ ¹	_____	NV	_____
CA ³	_____	NJ	_____
CO ⁴	_____	NM ^{4,18}	_____
DC ⁶	_____	NC ¹⁹	_____
FL ⁷	_____	ND	_____
GA ⁸	_____	OH ²⁰	_____
HI ^{14,10}	_____	OK ¹	_____
ID ¹	_____	PA ²²	_____
IL ¹	_____	RI ²³	_____
IA ¹	_____	SC	_____
KS ¹	_____	SD ²⁴	_____
KY ¹¹	_____	TN	_____
ME ¹²	_____	TX ²⁵	_____
MD ¹³	_____	UT	_____
MI ¹⁴	_____	WA ²⁶	_____
MN ¹⁵	_____	WI ²⁷	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner or Corporate Officer)

Title: _____

Date: _____