New Video New Account Application - CREDIT Accounts Only



* MINIMUM ORDER 10 UNITS - INCLUDES FREE SHIPPING

Legal Name of Compa	ny:						
DBA:							
BILL TO			SHIP TO ((If different	than Bill To)	
ACCOUNT NAME:			ACCOUN [*]	T NAME:			
ADDRESS 1:			ADDRESS	S 1:			
ADDRESS 2:			ADDRESS	S 2:			
CITY/STATE/ZIP:			CITY/STA	TE/ZIP:			
Assount Class and Do	carintian completed	by Salas Ba	<u> </u>				
Account Class and De Sales Rep:	scription completed	by Sales Re	p				Date:
•							
Terms: 45 Days		Account C		- NO -	Account	Description	:
	Discount 50% □ Non-Returnable	WHL RI		MO			
Customer PO#		Length of	Time in Bus	iness:		Contact Nu	ımber
Signature		Email				Contact Fa	X
ITEM#	TITLE			QTY	RETAIL PRICE	COST	TOTAL AMOUNT
		тот	AL ORDER:				
MAIL, EMAIL, FAX API New Video Group 902 Broadway, 9th Flo FAX#: (646) 355-0253 PH: (646) 259-4193	or New York, NY 1001		<u>):</u>	PLEASE S	New Vide Sales & U	lse Tax Affida	unt Application avit/Resale Certificate
ATTN: Marcelle Leslie Specialsalesweb@nev	vvideo.com				Credit Re	ference Shee	et

New Account Application for CREDIT Accounts Only SALES & USE TAX AFFIDAVIT



	BY CERTIFY under penalties of powing reason: (check applicable reason)		property pure	chased from new Video is ex	empt from sales or use tax for
	Resale, in the regular course of b	ousiness, in the form	of tangible բ	personal property.	
exer	Exempt institution or agency. <i>Ple</i> applion letter or certificate		ne nature of	your organization and atta	ach a copy of your
	Other authorized exemption. <i>Ple</i>	ease describe below.			
	nsert your tax exemption certificated. If you do not supply the cert				ictions in which you are
For acco	es marked with an asterisk, we a bunts with credit limits over \$10,0 ss if it's marked with an asterisk	000, you must <i>also</i> in		· ·	•
State	Certificate #	Date of Issue	State	Certificate #	Date of Issue
AL			МО		
AR			NE		
AZ			NV		
CA			NJ		
СО			NM		
CT			NY *		
DC *			NC		
GA			ND		
FL			OH		
HI			OK		
ID			PA		
IL			RI		
IN *			SC		
IA			SD		
KS			TN		
KY			TX		
LA *			UT		
ME MD			VT VA *		
MA *			WA		
MI			WV *		
MN			WI		
MS *			WY *		
		l			
-	ny Name:	Address		Tido	
Authoriz	ed Signature:			Title:	

Print Name:





A/P Contact:		Phone:	
Email:		Fax:	
Sole Ownership	☐ Partnership	☐ Incorporated	
Company Representati	ve:	Title:	
Signature:		Date:	
ank Reference's			
Business Name			
Checking Account Num	ber:		
Street Adresss:			
City:		State:	Zip:
Phone:		Fax:	
Email:			
Business Name		Phono:	
Business Name Contact:			
Business Name Contact: Street Adresss:			
Business Name Contact: Street Adresss: City:		State:	
Business Name Contact: Street Adresss: City:		State:	Zip:
Business Name Contact: Street Adresss: City: Email:		State:Fax:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name		State:Fax:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact:		State: Fax: Phone:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss:		State: Fax: Phone:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City:		State: Fax: Phone: State:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City: Email:		State: Fax: Phone: State:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City: Email:		State: Fax: Phone: State: Fax:	Zip:
Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City: Email: Business Name Contact: Street Adresss: City: Email:		State: Fax: Phone: State: Fax: Phone:	Zip: