New Video New Account Application - PREPAID Accounts Only



* MINIMUM ORDER 10 UNITS - INCLUDES FREE SHIPPING

Legal Name of Compa	nv.											Date	٥.			
DBA:	y.											Date	-			
BILL TO							SHIP TO (If different than Bill To)									
ACCOUNT NAME:						A	ACCOUNT NAME:									
ADDRESS 1:						A	ADDRESS 1:									
ADDRESS 2:					A	ADDRESS 2:										
CITY/STATE/ZIP:					C	CITY/STATE/ZIP:										
Account Class and De	scriptio	n cor	nplete	d b	y Sales	Rep										
Sales Rep:																
Terms:					Accour	nt Cla	ass :				Account I	Desci	ription	:		
	iscount				WH□ RTL□ IT□ MO□								•			
	lon-Retu											_				1
Credit Card #	Type: \	/isa	Master	rcar	d Disc	over	Am	ex	E	xpirat	ion Date		Securi	ty Co	de	
Credit Card Holder					Card Ho	older	Pho	ne#				Con	tact Nu	ımber		
Signature Email										Contact Fax						
											RETAIL		_			
ITEM #	TITLE								QTY		PRICE	COS	ST	TC	TAL	AMOUNT
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						ОТА	L OR	DER:								
MAIL, EMAIL, FAX AP New Video Group 902 Broadway, 9th Flo FAX#: (646) 355-0253 PH: (646) 259-4193	or New					<u>TO:</u>					TO SET-UP Y UBMIT THE F New Video Sales & U	OLLO New	wing : / Accou	unt Ap		ion Certificate
ATTN: Marcelle Leslie Specialsalesweb@nev	vvideo.c	om														

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



_	Resale, in the regular course	e of business, in the form	of tangible p	personal property.	
	Exempt institution or agency aption letter or certificate	. Please indicate below th	ne nature of	your organization and atta	ach a copy of your
	inputor focus of continuate				
	Other authorized exemption.	Please describe below.			
	nsert your tax exemption cered. If you do not supply the				ctions in which you are
or Stat	es marked with an asterisk,	we are required by law to	retain a cop	py of the State's tax exem	ption certificate by law.
	ounts with credit limits over \$		clude a cop	y of the State's tax exemp	otion certificate for each S
egardle	ss if it's marked with an aste	erisk or not.			
tate	Certificate #	Date of Issue	State	Certificate #	Date of Issue
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	ıy Name:	Address			

Date:

Print Name: