



AUTOMOTIVE INTEGRATION SOLUTIONS APPLICATION

AIS (a division of Vickers AV)
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DATE: _____

COMPANY NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

BUSINESS PHONE: _____ CELL PHONE: _____

FAX NUMBER: _____ HOME PHONE: _____

TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ LLC _____

ORDER CONTACT NAME: _____ DATE BUSINESS ESTABLISHED: _____

EMAIL: _____ GA SALES TAX ID NUMBER: _____

(IF YOU ARE A GEORGIA DEALER, THIS CREDIT APPLICATION CAN NOT BE PROCESSED WITHOUT A COPY OF YOUR GA SALES TAX CERTIFICATE)

OFFICER INFORMATION NAME/TITLE: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SS#: _____

CREDIT CARD AUTHORIZATION

I _____ authorize Vickers AV Distributors to charge my credit card for my purchase/s.

Please circle whether this is **ONE TIME USE** or **PUT CARD ON FILE**.

Company Name: _____

Name Printed on Card: _____ Card Type: _____

Card Number: _____ Expiration Date: _____

V#*: _____

Authorized Signature**: _____

Address Credit Card Statement Sent To: _____

Date: _____