



VICKERS AV DISTRIBUTORS  
 329 FREYS GIN RD., MARIETTA, GA. 30067  
 Phone: 770-980-1405 Fax: 770-933-5075  
 Email: will@vickersav.com

## VICKERS AV DEALER APPLICATION

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: \_\_\_\_\_