



1489 N THESTA ST. FRESNO, CA. 93703
 PHONE (559)486-5444 FAX (559)486-5155
 info@airbagparts.com

FORM #1

ACCOUNT APPLICATION

BUSINESS NAME: _____

OWNER #1: _____

OWNER #2: _____

ADDRESS: _____ **SUITE #** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

BUSINESS PHONE: _____ **FAX:** _____

EMAIL ADDRESS: _____ **WEBSITE URL:** _____

FEDERAL ID# OR SS#: _____

AVS DOES NOT ACCEPT C.O.D. OR GIVE CREDIT TERMS. AVS ONLY ACCEPTS PREPAID ORDERS.

PLEASE CIRCLE ONE: VISA / MASTERCARD / DISCOVER

CARD # _____ - _____ - _____ - _____

EXPIRES ____ / ____ **CCV CODE*** _____

(* CCV IS YOUR CREDIT CARD VERIFICATION. IT WILL BE THE LAST 3 DIGITS TO THE FAR RIGHT ON THE BACK OF CARD FOLLOWING THE CARD ACCOUNT NUMBER)

AMERICAN EXPRESS CARD

CARD # _____ - _____ - _____ - _____

(AMERICAN EXPRESS ONLY HAS 15 DIGITS)

EXPIRES ____ / ____ **CID CODE** _____

(CARD IDENTIFICATION DIGITS. THE 4 SECURITY DIGITS ON THE FRONT OF CARD)

WHAT IS THE NAME AND ADDRESS THAT THE CARD IS BILLED TO:

NAME _____

ADDRESS _____

ZIP CODE _____

CITY / STATE _____

I, _____, GIVE AVS PERMISSION TO CHARGE MY ABOVE CREDIT CARD FOR ALL OF MY ORDERS THAT I PLACE WITH AVS. IN THE EVENT OF ANY DISCREPANCY, I WILL FIRST CONTACT AVS TO STRAIGHTEN OUT THE MATTER BEFORE CONTACTING MY CARD ISSUING BANK, OTHERWISE I WILL BE LIABLE FOR ALL CHARGE BACKS AND PENALTIES CHARGED BY MY CREDIT CARD COMPANY TO AVS. THIS CARD MAY BE USED TO SETTLE ANY DEBT FROM MY COMPANY OWED TO AVS.

SIGN X _____ **PRINT** _____ **DATE** ____ / ____ / ____



AVS

FORM #2

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PHONE (559)486-5444 FAX (559)486-5155
info@airbagparts.com

TRADE REFERENCES:

COMPANY NAME: _____

ACCOUNT #: _____ PHONE #: _____

YEARS DOING BUSINESS: _____

COMPANY NAME: _____

ACCOUNT #: _____ PHONE #: _____

YEARS DOING BUSINESS: _____

COMPANY NAME: _____

ACCOUNT #: _____ PHONE #: _____

YEARS DOING BUSINESS: _____

COMPANY NAME: _____

ACCOUNT #: _____ PHONE #: _____

YEARS DOING BUSINESS: _____

HOW DID YOU HEAR ABOUT US? _____



www.airbagparts.com

CALIFORNIA RESALE CERTIFICATE

ALL businesses that have an address in California are REQUIRED to fill out this form. All other states can skip this page.

NAME OF PURCHASER (COMPANY)

ADDRESS OF PURCHASER

I HEREBY CERTIFY: That I hold valid seller's permit No.

Issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling:

that the tangible personal property which I shall purchase from **AVS MOBILE SPECIALIST** will be resold by me in the form of tangible property: provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase of such property or other authorized amount.

Description of property to be purchased:

AUTO ACCESSORIES

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased Item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due plus a penalty of 10 percent of the tax or \$500, whichever is more.

Date: SIGNATURE of Purchaser or Authorized Agent

X

Phone:

()

Title:

**PLEASE FILL OUT ALL FORMS COMPLETELY!
FAX BACK, ALONG WITH A COPY OF YOUR SELLERS PERMIT TO:**

(559)486-5155



ATTENTION CALIFORNIA BASED BUSINESSES:

You are required to fill out and return FORM #1, #2 and #3 as well as a copy of you "SELLERS PERMIT" that you received from the STATE BOARD OF EQUALIZATION OF CALIFORNIA (the orange sheet of paper).

ALL OTHER STATES/COUNTRIES

We only need FORM #1 and #2 along with a copy of your city or state business permit, OR, a copy of your business tax permit.

FAX COMPLETED APPLICATION AND TAX ID OR PERMITS TO:

(559)486-5155

OR EMAIL TO:

brenda@avsontheweb.com

Once we review and approve your application and supporting documents, you will be able to purchase from us at a discounted price (wholesale). You may place your orders by calling us at (559)486-5444 or fax in your order to (559)486-5155.

If you fax in your order we highly recommend that you call to confirm that we received it!

In order to view your wholesale pricing on our website, as well as place orders through our website, you must complete **STEP #2**, you guessed it, on our website.

**THANK YOU FOR SIGNING UP!
WE LOOK FORWARD TO
SERVING YOUR NEEDS!!!**