



2211 Rayford Rd.
Ste. 111-332
Spring, TX 77386
Phone: (281) 408 4051
Fax: (281) 408 4052

Instructions for placing a Net 30 Purchase Order on TVI Electronics website

- 1) Submit a complete PO Account application.
- 2) Fax a Company Credit Inquiry request into three company credit references on your company letterhead.
- 3) Once your application has been approved by TVI Electronics, fax the Purchase Order to 281-408-4052. All private and public companies must submit a credit application (not necessary for Government entities). Please indicate the online order number somewhere on the Purchase Order. We will not accept a Purchase order without a corresponding Online Order.

Minimum Net 30 PO Amounts:

Opening Order (New Accounts) - \$250.00

Subsequent orders: \$100.00

Orders that do not meet these minimums should be on credit card.

Please make the Purchase Order to:

TVI Electronics, LLC
2211 Rayford Rd., Ste. 111-332
Spring, TX 77386

The best way to communicate about the order is by email to sales@tvielectronics.com. Please remember to always refer to the TVI Electronics order number.

NOTE: If the order status says "Pending", that means that the order is in a neutral state. In other words it is not binding on either party. The order becomes a contract only after the actual Purchase Order has been properly submitted and approved.

By submitting a Purchase Order, the customer certifies that they agree to our company policies. If the item is not in stock, the order may be cancelled prior the shipping date by sending an email to sales@tvielectronics.com. If you like to make any changes to your order, please email our Sales Department with the changes.

IMPORTANT: Always refer to the **Online Order Number** (not the PO Number) for all inquiries.



Purchase Order Account Application

Business Name _____

Billing Address _____
Street City State Zip

Branch/Division _____ Subsidiary _____ Of _____

Telephone _____ Fax _____ Number of Employees _____

Corporation _____ Partnership _____ Proprietorship _____ Length of Time in Business _____

Line of Business _____ Credit Amount Requested (\$) _____

Federal ID No. (Proprietor or use SS #) _____

Sales Tax Exempt Yes No (If yes, please include a copy of your tax exemption certificate)

ACCOUNTS PAYABLE CONTACT

Gender Male Female

First Name _____ Middle _____ Last Name _____

Telephone _____ E-Mail Address _____

BANK REFERENCE(S)

Name _____ Street _____

City _____ State, Zip _____ Phone _____

Account No. _____ Account Type _____

Bank Officer _____

Name _____ Street _____

City _____ State, Zip _____ Phone _____

Account No. _____ Account Type _____

Bank Officer _____

CREDIT REFERENCES

Name _____ Street _____

City _____ State, Zip _____

Phone _____ Fax _____

Name _____ Street _____

City _____ State, Zip _____

Phone _____ Fax _____

Name _____ Street _____

City _____ State, Zip _____

Phone _____ Fax _____

TERMS AND CONDITIONS: Net 30 days - All orders require a Purchase Order.

Payments are due within 30 days from date of invoice. TVI Electronics, at its sole discretion, may elect to add interest to accounts past due at a rate of 2% per month (APR 24%) for every 10 days (past 30). If this account is referred to a third party collection agency, all associated collection cost will be paid by you, the customer. Furthermore, the buyer authorizes TVI Electronics to contact the above references for needed credit information.

BUYER SIGNIFIES BY SIGNING BELOW THAT ALL INFORMATION OBTAINED IN THIS APPLICATION FOR CREDIT IS TRUE AND ACCURATE AND AGREES TO COMPLY WITH THE TERMS OF PAYMENT AND OTHER STATED (signature must be from officer of corporation or owner of proprietorship/partnership.)

IMPORTANT!

State and Local law requires TVI Electronics to retain copies of the appropriate tax exemption certificates, for transactions claimed to be exempt. Please submit a copy of your tax exemption certificate along with this application.

In absence of the appropriate tax exemption certificate, TVI Electronics will invoice for all applicable sales taxes.

CUSTOMER SIGNATURE _____ Date _____
Authorized Signature

Print Name _____ Title _____

For Credit Department Use Only 

Credit Limit: _____ Rating: _____ Date Received: _____

Date Approved/Declined: _____ Comments: _____

COMPANY CREDIT INQUIRY

Company Account Name:

Date:

Our company has recently applied to TVI Electronics for a credit line and listed your company as a credit reference. Please supply TVI Electronics with credit information on our company as soon as possible as we have an order pending that needs to be shipped.

Please supply TVI Electronics with the following information about our company account:

Please complete this form for OPEN ACCOUNTS

Date of Account Opened _____
 Highest Credit (within 1 year) _____
 Now Owes _____
 Past Due _____
 Credit Limit _____
 Terms of Sale _____
 How Long Sold _____
 Date of Last Sale _____

Manner of Payment

Status

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Discounts | <input type="checkbox"/> W/D |
| <input type="checkbox"/> Prompt | <input type="checkbox"/> Jobber |
| <input type="checkbox"/> Slow _____ Days | <input type="checkbox"/> User |
| <input type="checkbox"/> Dating | <input type="checkbox"/> OEM |
| <input type="checkbox"/> Pays "net" within terms | |

Security

- Security Agreement
 Personal Guarantee

Problems

Yes No

- | | | |
|-------------------------|--------------------------|--------------------------|
| Makes unjust claims | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes unfair returns | <input type="checkbox"/> | <input type="checkbox"/> |
| Takes unearned discount | <input type="checkbox"/> | <input type="checkbox"/> |
| Unauthorized deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| NSF | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptly collected | <input type="checkbox"/> | <input type="checkbox"/> |
| Placed in collections | <input type="checkbox"/> | <input type="checkbox"/> |

Please complete this form for COD ACCOUNTS

- COD at:** Your Choice
 Customer's Choice
- Terms:** Cash
 Co. Check

Recent High _____
 How Long Sold _____
 Date of Last Sale _____

Problems

Yes

No

- | | | |
|-----------------------|--------------------------|--------------------------|
| NSF | <input type="checkbox"/> | <input type="checkbox"/> |
| Promptly Collected | <input type="checkbox"/> | <input type="checkbox"/> |
| Placed for collection | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks: _____

General Information (Complete for all accounts)

- \$1,000.00/month or less
 \$5,000.00/month or less
 \$10,000.00/month or less

Do you consider them a good account?

Remarks _____

Authorized Signature **Title/Position** **Date**

Please fax this information back to TVI Electronics using your company letterhead. Fax it to:

Credit Department
 TVI Electronics, LLC
 (281) 408-4052

Sincerely,

YOUR NAME:

YOUR TITLE: