

HEIVISION INC

159-11 Horace Harding Expy FL1
Fresh Meadows, NY 11365

718-521-5507
Heivision.com
Sales@Heivision.com

ACCOUNT APPLICATION FORM

Legal Company Name: _____

Trading Name(If Any): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

Email _____ Website _____

Contact _____ Contact Phone# _____

Business Type: () Sole Proprietor () Partnership () Corporation

Established Since (mo./yr.) _____ Federal Tax ID#: _____

Past Year Gross Sales \$ _____ Number of Employees _____

How do you know us? () Show () Website () Referral () Walk-In () Other _____

What do you carry? () CVI () TVI () IP () Alarm () Intercom () Other _____

Trade Reference#1	Phone Number	Email
Trade Reference#2	Phone Number	Email
Trade Reference#3	Phone Number	Email
Trade Reference#4	Phone Number	Email

RETAIL CERTIFICATE (Please Enclose a Copy of Your Reseller ID with this Form)

Firm Name: _____ ("Reseller")

I hereby certify that I hold valid Seller's Permit No. _____ issued by the state of _____ Pursuant to the Sales and

Use Tax Law; that I am engaged in the business of selling _____ that the tangible Personal property described therein which I shall purchase from **HEIVISION INC.** Will be sold by me in the form of Tangible personal property; and, that in the event of 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 for the tax, measured by the purchase price of such property.

PERSONAL GUARANTEE

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waves all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and ay notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Name(Print) _____ Date _____

Authorized Signature _____



Email: Sales@Heivision.com
Phone: 718-521-5507
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Fresh Meadows NY, 11365

Credit Card Authorization Form

Card Holder Information

Company Name:		Name on Card:	
Billing Address:			
City:	State:	Zip:	
Driver's License Name:	Driver's Lic. # OR Federal ID:	State Issued:	
Phone #:	Cell Phone #:	Fax #:	
E-Mail Address:			

Shipping Address:

City, State:	Zip Code:
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Payment Authorization

Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Card Number:	Expiration Date:	3 - 4 Digit Sec. Code:

I hereby certify that I am the authorized user of the above referenced card, that I have proper authority to use said card for the purchases from the Heivision Inc. and my signature on this form authorizes all payment to Heivision Inc. I understand that I am responsible for all the charges incurred on this credit card, and that I agree to accept all terms of my contract. The undersigned hereby authorizes Heivision Inc. to bill the credit card below for payment of all products and services provided to the company or individual named on the credit card. I am also authorizing you to accept phone orders and mail orders to me and/or my business. I authorize payment for all products and services purchased from this establishment. All information is kept confidential.

Keep this credit card on file ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardholder's Signature:	Date:	