



Welcome to Batteries.com!

To help expedite your invoiced order please follow these steps:

1. Complete and sign the Credit Application
2. Submit information via email or fax to be reviewed
3. Upon receiving approval for new account, submit orders (minimum opening order \$500)
 - a. Email: sales@batteries.com
 - b. Fax: 317 810 4898

We appreciate your business and hope that you find your shopping experience positive and successful.

If you have any questions please feel free to contact our Sales Team:

Email: sales@batteries.com

Toll Free: 1-888-288-6500 (Monday - Friday: 9:00 a.m. to 5:30 p.m. Eastern Time)

****Please Check the Correct Corporate Entity****

SLSM

- Audiovox Elec. Corp. Audiovox Accessories Corp.
 Code Systems Inc. American Radio Corp.
 Batteries.com

Rep. No.

APPLICATION FOR CREDIT
FROM

Audiovox Corp. and / or its Subsidiaries (The Company)

FAX OR MAIL APPLICATION TO ATTN:CREDIT DEPT					
1. Legal Firm Name					
2. Address of principal place of business: Number and street (Do not use P.O.Box)					STREET
CITY		COUNTY		STATE	
P.O. BOX		STREET		STATE	
STATE		ZIP CODE			
3. Mailing Address if different from above:		4. Telephone No:		5. Fax Number:	
P.O. BOX		STREET		STATE	
STATE		ZIP CODE			
6. List the names, titles, percent ownership and home addresses of officers, partners and owners (include 10% or greater stockholders) of the firm.					
NAME		TITLE		Social Security No.	
STREET		CITY		STATE	
STATE		ZIP CODE			
NAME		TITLE		Social Security No.	
STREET		CITY		STATE	
STATE		ZIP CODE			
NAME		TITLE		Social Security No.	
STREET		CITY		STATE	
STATE		ZIP CODE			
7. Circle Correct Entry:					
Corporation		Partnership		Sole Proprietorship	
8. Type of Business:					
9. Product Line to be Purchased:					
10. Have you purchased from the company in the past or do you presently purchase from existing divisions or subsidiaries of the company? Yes No					
11. State of Incorporation (if corporation):					
12. Year started business:					
13. List all dba's and prior names, if any:					
14. List all prior addresses, if any, within the past seven (7) years:					
STREET		CITY		STATE	
STATE		ZIP CODE			
STREET		CITY		STATE	
STATE		ZIP CODE			
15. List addresses (including counties) and telephone numbers for all current firm-owner outlets, service facilities and storage locations:					
STREET		COUNTY		CITY	
STATE		TELEPHONE		ZIP CODE	
STREET		COUNTY		CITY	
STATE		TELEPHONE		ZIP CODE	
STREET		COUNTY		CITY	
STATE		TELEPHONE		ZIP CODE	
16. Principal suppliers / trade references:					
A. NAME		ADDRESS		TELEPHONE	
CREDIT MANAGER					
B. NAME		ADDRESS		TELEPHONE	
CREDIT MANAGER					
C. NAME		ADDRESS		TELEPHONE	
CREDIT MANAGER					

17. Banks / Financial Institutions			
A. NAME	ADDRESS	TELEPHONE NUMBER	
TYPE OF ACCOUNT AND ACCOUNT NUMBER		LOAN OFFICE OR CONTACT	
B. NAME	ADDRESS	TELEPHONE NUMBER	
TYPE OF ACCOUNT AND ACCOUNT NUMBER		LOAN OFFICE OR CONTACT	
C. NAME	ADDRESS	TELEPHONE NUMBER	
TYPE OF ACCOUNT AND ACCOUNT NUMBER		LOAN OFFICE OR CONTACT	
<p>18. THE UNDERSIGNED HAS ATTACHED A BALANCE SHEET AND PROFIT AND LOSS STATEMENT (AUDITED IF AVAILABLE) FOR THE LAST TWO FISCAL YEARS AS PART OF THIS APPLICATION. IF MOST RECENT FISCAL YEAR ENDED MORE THAN SIX MONTHS AGO, INTERIM STATEMENTS ARE ALSO TO BE ATTACHED.</p> <p>19. RESALE CERTIFICATE EXEMPTION: THE UNDERSIGNED CERTIFIES THAT IT HOLDS THE FOLLOWING SELLER'S PERMIT(S) ISSUED PURSUANT TO THE SALE AND / OR USE TAX LAW(S) OF THE FOLLOWING STATE(S):</p>			
STATE	NUMBER	STATE	NUMBER
STATE	NUMBER	STATE	NUMBER
<p>AND THAT IT IS IN THE BUSINESS OF SELLING SUCH TANGIBLE PERSONAL PROPERTY AS IT SHALL PURCHASE FROM THE COMPANY WHICH SHALL BE RESOLD IN THE FORM OF TANGIBLE PERSONAL PROPERTY. THE UNDERSIGNED WILL PROVIDE COPIES OF SUCH PERMITS TO THE COMPANY ON REQUEST. IN THE EVENT ANY OF THE PROPERTY PURCHASED FROM THE COMPANY IS NOT SO RESOLD OR HELD FOR SUCH RESALE, THE UNDERSIGNED SHALL BE RESPONSIBLE TO REPORT AND PAY ANY APPLICABLE TAX THEREON BY THE PURCHASE PRICE.</p> <p>20. THE UNDERSIGNED HEREBY AUTHORIZED THE COMPANY AND ITS REPRESENTATIVES AND AGENTS TO INQUIRE AND RECEIVE INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS FROM ANY AND ALL OF THE TRADE AND CREDIT REFERENCES NOW OR HEREAFTER PROVIDED TO THE COMPANY.</p> <p>21. THE UNDERSIGNED HEREBY AGREES THAT THE COMPANY SHALL RETAIN A CONTINUING PURCHASE MONEY SECURITY INTEREST WHICH THE UNDERSIGNED HEREBY GRANTS TO THE COMPANY IN ALL CONSUMER AND / OR INDUSTRIAL, ELECTRONIC AND / OR ELECTRICAL PRODUCTS NOW OR HEREAFTER PURCHASED BY IT FROM THE COMPANY AND ALL PROCEEDS TO SECURE THE PAYMENT OF THE UNDERSIGNED'S INDEBTEDNESS TO THE COMPANY FOR EACH ITEM ACCORDING TO ITS OWN COST.</p> <p>22. ANY AND ALL PAST DUE INDEBTEDNESS OF THE UNDERSIGNED TO THE COMPANY SHALL BEAR INTEREST AT THE RATE OF 1.5% PER MONTH OR THE HIGHEST RATE PERMITTED BY LAW, WHICHEVER IS LESS. THE UNDERSIGNED AGREES TO REIMBURSE THE COMPANY FOR ITS ATTORNEY'S FEES AND COSTS OF COLLECTION OF ANY SUCH INDEBTEDNESS.</p> <p>23. THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT THIS MAY BE CONSIDERED A CONTINUING AND CORRECT STATEMENT OF FACTS UNTIL NOTICE IS GIVEN TO THE COMPANY IN WRITING OF ANY CHANGE; THAT ANY FINANCIAL INFORMATION HEREAFTER SUBMITTED TO THE COMPANY SHALL BE TRUE AND CORRECT AND THAT THERE ARE NO UNPAID JUDGEMENT(S) NOR OPEN ACCOUNT(S) MORE THAN 60 DAYS PAST DUE OUTSTANDING AGAINST THE UNDERSIGNED EXCEPT THOSE, IF ANY, DESCRIBED IN DETAIL AND ATTACHED TO THIS APPLICATION.</p> <p>24. THE UNDERSIGNED AGREES THAT THIS CREDIT APPLICATION SHALL NOT BIND THE COMPANY IN ANY WAY, AND ANY CREDIT APPROVAL FROM THE COMPANY MUST BE APPROVED IN WRITING BY A DULY AUTHORIZED REPRESENTATIVE FROM THE COMPANY.</p> <p>25. THE ABOVE REPRESENTATIONS HAVE BEEN MADE IN ORDER TO OBTAIN CREDIT FROM THE COMPANY.</p> <p>26. I AM A DULY AUTHORIZED <input type="checkbox"/> Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Owner OF THE FIRM IDENTIFIED HEREINABOVE.</p> <p>SIGNATURE: _____ DATE: _____</p> <p>PRINT NAME: _____</p> <p>PRINT TITLE: _____</p>			

AUDIOVOX ACCESSORIES CORPORATION
ATTN: CREDIT DEPARTMENT
150 MARCUS BLVD., HAUPPAUGE, NY 11788
TELEPHONE (631) 300-2704 (800) 645-7750 FAX (631) 951-2123

DATE: _____

TO: _____

RE: _____

Your name has been given to us as a credit reference on the above account. We would appreciate your courtesy in advising us of your experience with them. Any information provided will be held in strict confidence.

Sincerely yours,

Wilmarie Aponte-Gappa

AUDIOVOX ACCESSORIES CORPORATION
Credit Department

TO BE COMPLETED BY BANK

CHECKING ACCOUNT INFORMATION

Account Opened: _____ Average Balance: _____

Non-Sufficient Fund Checks: _____ Rating of Account: _____

LOAN INFORMATION

Line of Credit: _____ High Credit: _____ Amount Presently Owing: _____

Any Installment Loans?: _____ If so (please give details): _____

Secured or Unsecured (please give details): _____

Any Personal or Corporate Guaranties?: _____ If so, (please give details): _____

YOUR NAME: _____

****WE AUTHORIZE RELEASE OF THE ABOVE INFORMATION TO AUDIOVOX ACCESSORIES CORPORATION.**

Company: _____ **Date:** _____

By: _____

SALES TAX EXEMPTION CERTIFICATE / MULTI-JURISDICTION

Issued to: **AUDIOVOX ACCESSORIES CORPORATION**
Address: **150 MARCUS BLVD.**
City: **HAUPPAUGE** State: **NEW YORK** Zip Code: **11788**

I certify the Name of Firm (Buyer): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Qualifies as: (check each applicable item)

- Wholesaler () Retailer () Manufacturer () Charitable Religious ()
Political Subdivision of Governmental Agency () Other () specify _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us which are for resale or lease by us in the normal course of our business which is _____ or that such purchases are exempt from payment of sales or use tax such states and cities because the buyer is:

- () Charitable or Religious () Political Subdivision or Governmental Agency
() Otherwise exempt by Statute (specify): _____

City or State: _____ State of Registration or ID#: _____

City or State: _____ State of Registration or ID#: _____

I further certify that any property so purchased tax free is used or consumed by the firm as to make it subject to State or Use Tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature

Title

Date