

AVOTEC, INC. NEW ACCOUNT APPLICATION

Account Name: _____

Ship to Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Telephone # : _____ Fax # : _____ Website: _____

Bill to Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Accounts Payable: Telephone # : _____ Fax # : _____

TYPE OF ORGANIZATION: (Please Circle One) Corporation Sole Proprietorship Partnership

If Corporation – Federal ID # : _____ Years In Business: _____

PRINCIPALS:

Name: _____ Social Security #: _____

Address: _____

MRI Director: _____ Phone: _____

BANK INFORMATION:

Bank Name: _____ Contact: _____

Address: _____ Account #: _____

TRADE REFERENCES:

Company Name: _____ Account #: _____

Telephone #: _____ Fax #: _____

Company Name: _____ Account #: _____

Telephone #: _____ Fax #: _____

Company Name: _____ Account #: _____

Telephone #: _____ Fax #: _____

AUTHORIZATION:

The undersigned authorizes release of all banking and credit information. Customer agrees to make payment in full to Avotec, Inc. for all amounts due according to Avotec's credit terms – NET 30 DAYS. Customer agrees to pay any collection and attorney fees in accordance with Florida Law for past due accounts.

SIGNATURE: _____ DATE: _____

(Must be Owner or Corporate Officer)

NAME: _____ TITLE: _____

(Please Print)

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