

# Volunteer Satellite Distributors

3052 Parsons Bend Rd · Columbia, Tennessee · 38401-0705 · 931-490-1280 · 800-726-1298 · Fax: 931-490-1284

**Dear Customer,**

**Please complete this form and return to us by mail or fax. All information will be kept strictly confidential.**

Principal Owners Name (please print):

\_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone #: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Circle One:** Sole Proprietor / Corporation / Partnership / LLC      Year Co. Started \_\_\_\_\_

State Sales Tax ID # \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

DUNS # \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal's Home Address: \_\_\_\_\_ Ph# (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mo/day/yr)

Terms Requested: \_\_\_\_\_ (If you desire to pay by Credit Card banking information is not required)

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Ph #: (\_\_\_\_) \_\_\_\_\_ Account Officer Name: \_\_\_\_\_

I the undersigned agree to the release of any information necessary to process this application. I understand that inquiries may be made to my banking institutions and or credit reporting agencies.

Principal's Authorization (release signature)

\_\_\_\_\_ Date \_\_\_\_\_

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## **PURCHASE AGREEMENT/ PERSONAL GUARANTY**

All amounts due for goods and services purchased by Customer from Supplier are payable at the address shown on Supplier's invoice and statement of account. Supplier may cancel extension of credit and/ or discontinue deliveries at any time. As security for any and all amounts due Supplier, Customer hereby grants to Supplier a security interest in all equipment, supplies, merchandise, inventory or other goods purchased from Supplier, and in the proceeds and products thereof.

Upon approval of terms with company check, Volunteer Satellite Distributors will continue to accept your checks as long as there is none returned from the bank. If a check is returned from your bank, for any reason other than bank error, Supplier may elect to discontinue check acceptance. All further transactions will be strictly COD/cash certified funds, money order, credit card, or bank draft only.

All returned checks will be immediately and aggressively collected. Volunteer Satellite Distributors reserves the right to add a fee for returned checks, currently \$25.00, and also reserves the right to raise this fee on an annual basis or as needed if bank charges change. Any uncollected balances on your account which are due past the terms of our agreement with you, will be charged a fee at the rate of 1.5% per month, 18% annually, until the outstanding balance is collected.

If a credit card is given by Customer as payment or guaranty of payment for current or future orders, either verbal or written, Volunteer Satellite Distributors reserves the right to charge your card for items purchased where a balance is outstanding on the invoice(s). This may include items purchased and paid for with an insufficient funds check, and include a returned check fee. Customer signature below constitutes agreement with Supplier to charge credit card for any and all said outstanding obligations.

The Customer shall notify Supplier in writing at least thirty (30) days prior to any change of ownership of the Customer, or the Customer's business, which notice shall include a complete credit application from the buyer. Customer shall be liable for all purchases of any buyer of the business should said notification not be given. Should change of ownership occur, Supplier retains the right to demand immediate payment in full of any balances due Supplier from Customer.

I/We the undersigned, do hereby personally and unconditionally guarantee payment and performance of all obligations of the Customer to Supplier (including but not limited to, all interest, attorneys fees and collection agency charges) and do hereby agree to pay Supplier on demand any sums, which may become delinquent. The laws of the state where the Supplier is located shall govern this guaranty. If there is more than one guarantor, their liability shall be joint and several. This guaranty shall be construed according to its fair meaning and not for or against any party.

\_\_\_\_\_  
Signature of Guarantor(s) Date Please print/type name

\_\_\_\_\_  
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## CREDIT CARD AUTHORIZATION FORM

MC Card No.: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Security Code \_\_\_\_\_

Visa Card No.: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Security Code \_\_\_\_\_

Discover Card No.: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Security Code \_\_\_\_\_

Am.Exp. Card No.: \_\_\_\_\_ Exp.Date \_\_\_\_\_ Security Code \_\_\_\_\_

Company Name / dba: \_\_\_\_\_ (if applicable)

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

(Phone): \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_

I, the undersigned, authorize Volunteer Satellite Distributors to charge my credit card(s) listed above for the purchase of satellite and related equipment. These orders shall be made by me or by my assigns via phone, fax, or E-mail. Instructions contrary to the above must be presented in writing to Supplier by the authorized party.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this form. All information will be kept secure and confidential.

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To insure safety against fraudulent use of credit cards we request a copy of the front of your card. Please make a copy of your card and fax it to us. It may be helpful to lighten the image on the copier for best results. As always your privacy and security is protected with us.

Thank you for your cooperation.