



1723 W. 4th Street
Tempe Arizona 85281
Phone: 800.638.6104
Fax: 480.966.6723
Email: sales@covid.com

www.covid.com

COVID CREDIT APPLICATION

Section I: Company Information

Applicant (Company) Name: _____
DBA: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Month and Year Business Started: _____
If a Corporation, U. S. State of Incorporation: _____
Federal Tax ID Number: _____

OFFICERS, OWNERS or BOARD OF DIRECTORS

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

CREDIT INFORMATION

Purchasing Contact Name: _____ Phone: _____
A/P Contact Name: _____ Phone: _____

Amount of Credit Requested: _____

To complete the Covid Credit Application, please supply the attached Trade Reference and Tax ID forms included in this package or attach a separate sheet listing the companies with which you have current credit approval.

The undersigned is authorized to release the required Credit Application information. The undersigned is further approved on behalf of the Applicant to request release of credit reference information to Covid, Inc. in order to obtain Covid Credit Approval. Covid, Inc. cannot process Credit Applications until the following information has been fully executed.

Applicant (Company) Name: _____
Authorized Signature on Behalf of Applicant: _____
Printed Name: _____ Title: _____ Date: _____

Section II SELLER'S PERMIT

Please provide Covid, Inc. a copy of your seller's permit. If you are unable to submit a copy of your seller's permit, please complete and return the following information:

Applicant (Company) Name: _____

DBA: _____

On Behalf of the Applicant, the undersigned hereby certifies:

That the Applicant (Company) listed above holds a valid Seller's Permit No. _____ issued pursuant to the Sales and Use Tax Law and that the Applicant is in the business of selling : _____

The undersigned further certifies that the tangible personal property described herein which will be purchased from Covid, Inc. will be resold by the Applicant in the form of tangible personal property. It is understood that the Applicant is required by the State and Use Tax Laws to report and pay tax. Such tax is measured by the purchase price of such property regardless of use of the purchased product.

Applicant (Company) Name: _____

Authorized Signature on Behalf of Applicant: _____

Printed Name: _____ Title: _____ Date: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Section III BANK REFERENCES

This sheet may be copied to include additional Bank or Trade References.

Company Name: _____ Contact Name: _____
Applicant's Account Number : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

TRADE REFERENCES

1. Company Name: _____ Contact Name: _____
Applicant's Account Number : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

2. Company Name: _____ Contact Name: _____
Applicant's Account Number : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

3. Company Name: _____ Contact Name: _____
Applicant's Account Number : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

4. Company Name: _____ Contact Name: _____
Applicant's Account Number : _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

COVID COMPANY INFORMATION

Covid, Inc
1723 West 4th Street
Tempe, AZ 85281

Phone Number (480) 966-2221
Toll Free (800) 638-6104
24-Hour Fax (480) 966-6728
24-Hour Technical Service Hotline (877) COVIDAV
(877) 268-4328

Web Site: www.covid.com
e-mail: sales@covid.com

DELIVERY

F.O.B. Tempe, AZ

Covid will determine the best method of shipment unless the customer specifies, in writing, specific shipping instructions. Standard, in-stock items will ship within 24-hours from receipt of order, excluding weekends and holidays. Drop-shipments are allowed at no additional charge.

PAYMENT OPTIONS

Standard payment terms are C.O.D, VISA, MasterCard, American Express, Prepayment, and Net Terms. Net Terms are extended, at Covid's Discretion, based upon approved credit applications.

CANCELLATIONS AND RETURNS

For an order to be cancelled, a written cancellation request must be received by Covid prior to product shipment. Product returns will be accepted at Covid's discretion within 10 days. To return an order, contact Covid for a RMA number. To receive an RMA number, the reseller must be able to present the model number, serial number, invoice number, and reason for return. RMA numbers are only valid for 14 days after issue. Returned products are subject to a 25% Restocking Fee. Full price will be charged for all products returned in non-sellable condition. Custom and Non-Standard items are non-cancellable or returnable. Certain stocked products are non-returnable if the anti-static packaging material has been removed. Contact Covid for non-returnable, non-cancellable product information. The Reseller is responsible for all shipping and handling charges associated with returns.

WARRANTY

Covid hardware products are provided with a 2- year parts and labor warranty. Software products are not under warranty. Out of warranty repairs are billed at \$75.00 per hour plus parts.