

AVIV appliances

101 S Federal Hwy, Apt 611

Boynton Beach, FL 33435

561-861-0660

avivappliances@gmail.com

www.avivappliances.com

Billing Account Application

Company Name: _____

Owner(s) Name: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Phone: _____ **Alt Phone:** _____ **Fax:** _____

How would you like to receive invoices to be paid? ☐ mail or ☐ email

Billing Email Address (if different than above): _____

Terms and Conditions:

All invoices are to be paid within 30 days of the mailing date. Customer agrees to pay on demand all costs and expenses incurred in connection with the collection of amounts due under the invoice, including legal and out-of-pocket expenses.

*** When you have an account with our company, the account is with you and your company solely; we **DO NOT** do 3rd party billing. Any service calls set up with your company are expected to be paid on time, or late fees will apply. We will keep a credit card on file and any bills not paid within 30 days of service will be charged to the card.***

NOTE, we must have this information before we provide service to your company

Name as it appears on the Credit Card: _____

Card Type and number: _____ **CVC code:** _____
(3 digits on back or 4 on front if Amex)

Expiration date: _____

Aviv Appliances does not honor any manufacturer warranty. Aviv Appliances is an independent company and is not affiliated with any manufacturer or warranty company.

Signature: _____ **Date:** _____

Title: _____

Must be signed by principle, partner, owner, or individual holding personal interest of business