

# APPLICATION FOR CREDIT

## BASIC INFORMATION

FULL LEGAL NAME: \_\_\_\_\_  
TRADE NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_  
SHIPPING ADDRESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TAX EXEMPT#: \_\_\_\_\_

*Please enclose the Sales & Use  
Tax Exemption Certificate*

DESCRIPTION OF BUSINESS: \_\_\_\_\_ YEAR STARTED: \_\_\_\_\_

*Please Check One*

TYPE OF BUSINESS: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

COMPANY FEDERAL TAX ID#: \_\_\_\_\_ COMPANY DUNN & BRADSTREET#: \_\_\_\_\_

ANTICIPATED MONTHLY VOLUME: \_\_\_\_\_ AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

DO YOU USE PURCHASE ORDERS? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PERSONS AUTHORIZED TO MAKE PURCHASES OR SIGN PURCHASE ORDERS:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: \_\_\_\_\_

TERMS REQUESTED: NET 15

HAS APPLICANT OR ANY PRINCIPAL EVER FILED A VOLUNTARY PETITION OF BANKRUPTCY?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ YEAR: \_\_\_\_\_

HAS A TAX LIEN BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST SIX MONTHS?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ YEAR: \_\_\_\_\_

## INFORMATION ON OFFICERS/OWNERS:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

**VENDOR INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
FAX: \_\_\_\_\_

**BANKING INFORMATION:**

BANK NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CHECKING ACCT #: \_\_\_\_\_  
SAVINGS ACCT#: \_\_\_\_\_  
ACCOUNT OFFICER: \_\_\_\_\_  
FAX: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED AGENT FOR COMPANY

<b>OFFICIAL USE ONLY:</b>
TERMS GIVEN: _____
APPROVED BY: _____
DATE: _____

\_\_\_\_\_  
DATE

**CREDIT POLICY AGREEMENT:**

1. In consideration of Vision Technical Group Inc. extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice.
2. As a condition of extending credit, the applicant agrees to provide a valid Visa, Mastercard, American Express credit card # \_\_\_\_\_ expiration date \_\_\_\_\_. This credit card will be used to relieve Vision Technical Group of all outstanding accounts greater than 30 days.
3. A service charge of 1 1/2% per month, equivalent to 18% per annum will be added to all invoices outstanding over 30 days. Applicant further agrees that with regard to such service charges, the applicant and Vision Technical Group Inc. are parties to a written contract.
4. Any account outstanding over 30 days will be automatically placed on C.O.D.
5. Any delinquent account will be placed with our attorney for collection unless arrangements to pay have been made with our office. The customer will be responsible for all collection cost and attorney's fees in addition to all amounts due.

Applicant, in signing this application, also authorizes the above listed banking and trade references to respond to credit inquiries regarding applicant's account.

Understood and signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

PLEASE FAX COMPLETED APPLICATIONS TO 610-495-8099 ATTN: ACCOUNTING. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED BUT RETURNED FOR COMPLETION. APPLICATION MUST BE ACCOMPANIED BY A CERTIFICATE OF INSURANCE AND A SIGNED TERMS AND CONDITIONS.