



**CREDIT APPLICATION**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**TYPE OF BUSINESS**

CORPORATION  PARTNERSHIP  PROPRIETORSHIP  OTHER

DATE ESTABLISHED \_\_\_\_\_ LISTED IN D&B: YES  NO

SALES TAX NUMBER \_\_\_\_\_ D&B NUMBER \_\_\_\_\_

**CREDIT TERMS**

VISUAL TECHNOLOGIES CORPORATION'S OPEN ACCOUNT TERMS ARE NET 10 DAYS. IN ORDER THAT WE MAY OFFER OUR VALUED CUSTOMER TERMS OF NET 10 DAYS, WE REQUEST THAT YOU PLACE ON FILE WITH US A CREDIT CARD THAT MAY BE CHARGED IF THE 10 DAY PAYMENT TERMS ARE NOT MET. WE ACCEPT MASTERCARD, VISA, AMERICAN EXPRESS AND DISCOVER.

I, \_\_\_\_\_ HEREBY AUTHORIZE VISUAL TECHNOLOGIES TO PUT THROUGH A CHARGE TO MY CREDIT CARD IN THE AMOUNT DUE IN THE EVENT THAT VISUAL TECHNOLOGIES' TERMS ARE NOT MET.

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

I HAVE READ AND FULLY UNDERSTAND THE ABOVE CREDIT TERMS.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**BANK REFERENCES**

NAME OF BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**TRADE REFERENCES**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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