



8801 Wyoming Avenue North
 Brooklyn Park, MN 55445
 Main: (763) 425-4251
 Fax: (763) 425-4616
 www.visionsfirst.com

Credit Application

****REQUIRED****

MY SALES REP IS: _____

Firm Name: _____

Phone: _____

Address: _____

Fax: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Year Business Started: _____	Legal Structure: Corporation	Annual Sales: Under \$100,000
Years at Present Location: _____	Partnership	\$100,000 to \$500,000
Years Under Present Ownership: _____	Proprietor	Over \$1,000,000

OFFICERS

Name: _____ Title: _____

Name: _____ Title: _____

Person Responsible for Accounts Payable: _____ AP Phone: _____ AP E-mail: _____

Name of Bank: _____ Bank Contact: _____

Bank Account #: _____ Bank Phone: _____

TRADE REFERENCES

1) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

2) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

3) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

Exempt from State Sales Tax: Yes No Tax Exemption Number: * _____

* A Minnesota ST3 Certificate of Exemption form must be completed, signed and submitted along with this form if tax exempt.

CREDIT TERMS

All credit accounts are required to pay net 30 days. Any amount unpaid after 60 days will be considered past due and subject to a service charge of 1-1/2% per month (18% annual) or the highest rate allowable by law and the customer will be placed on a cash basis. In addition, the customer agrees to pay all cost (including reasonable attorneys and collection fees) incurred in the collection of any unpaid amount.

I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to your company to verify any or all facts disclosed herein.

Unless credit has been approved, Visions reserves the right to have your orders delivered C.O.D.

****SIGNATURE REQUIRED****

Print Name: _____ Signature: _____ Date: _____