



VISION GRAPHICS, INC.

5610 Boeing Drive • Loveland, CO 80538 • 970.613.0608
 Toll Free 1.800.833.4263 • Fax 970.461.8073

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL			
ADDRESS		YEARS AT THIS ADDRESS	
CITY	STATE	ZIP	AREA CODE PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

TO: VISION GRAPHICS, INC. 5610 BOEING DRIVE LOVELAND, CO 80538 FAX: 970.461.8073	CREDIT TERMS: Accounts due and payable within 30 days of invoice date. Past due accounts will be charged interest at the rate of 1.5% per month (18% per annum.) Responsible party agrees to pay all costs of collection including reasonable attorney's fees.
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The following information must be provided. It will be held in the strictest confidence.

TYPE OF BUSINESS			
DATE BUSINESS STARTED	D&B RATING	CREDIT LIMIT REQUESTED	
FORM OF BUSINESS <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other (specify) _____ Are Purchases Taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No State Tax Exemption # _____ (Please attach copy) Tax Resale # _____ (Please attach copy)			
PRINCIPAL OWNERS, OFFICERS, PARTNERS	TITLE	HOME ADDRESS	HOME PHONE
BANK	BRANCH	ACCOUNT NO.	
ADDRESS	CONTACT	PHONE	
CITY	STATE	ZIP	
ACCOUNT CARRIED UNDER (NAME ON ACCOUNT)			
TRADE REFERENCES	ADDRESS	CITY	STATE ZIP PHONE NUMBER

We agree to pay 50% for all orders placed and the balance upon delivery on our first order prior to credit approval.

I (We) understand that when our account is approved, payment will be due and payable thirty (30) days from date of invoice. We agree to pay our account promptly.

I certify that all the information on this form is correct. I fully understand the credit terms and agree to the same for myself and on behalf of my business enterprise in consideration of 30 day credit.

By _____

Date _____ (Title) _____