

New Account Application

FAX/Email TO 888.968.8746 OR billing@vinylvisions.net

TYPE OF ACCOUNT APPLYING FOR

- NET 30 TERMS: Complete all sections and sign
Credit Limit Desired: _____
- COD TERMS: Complete sections 1, 2 and sign
- CREDIT CARD TERMS: Complete sections 1, 2 and sign
(Credit Card Authorization Form Required)

COMPANY INFORMATION

- Proprietorship Partnership
- Corporation LLC

SALES TAX IS CHARGED IF RESALE CERT NOT PROVIDED IN THE FOLLOWING STATES AZ – CA – CO – IN – MD – NV – OH – UT

Section 1

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Delivery Address (if different than billing): _____

City: _____ State: _____ Zip: _____

Bus Phone: _____ Fax: _____

Purchase Contact: _____ Email: _____

AP Contact: _____ Email: _____

Section 2

Owners(s): _____

Title: _____

Phone: _____ SSN: _____

Email: _____

Section 3

Bank Info: _____

Address or Branch Location: _____

City: _____ State: _____ Zip: _____

Section 4 (Credit References)

1. _____

Name	Contact	Email	Phone	Fax
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2. _____

Name	Contact	Email	Phone	Fax
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3. _____

Name	Contact	Email	Phone	Fax
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In order to obtain extensions of credit by seller to customer, Vinyl Visions LLC will obtain and review credit history and references. Customer agrees that any invoice or balance not paid on or before the due date shall be subject to interest after such due date charged at a maximum rate for loans or forbearances of money under the laws of the State of California then in effect. Customer agrees to pay all the Sellers cost of collection of any past due balances including reasonable attorney's fees. I authorize the release of limited bank information pertaining to the accounts listed above. By signing you agree to terms stated above and are an authorized agent.

SHIPPING RELEASE OF LIABILITY Check if you require products to be delivered and received without a signature, release Vinyl Visions LLC, from liability of theft or damage of product delivered by Vinyl Visions LLC or common carrier.

Print Name: _____ Date: _____

Signature: _____ Title: _____

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Personal Guarantee

I, _____
(Individual's Name)

residing at _____
(Individual's personal address, city, state, zip)

for and in consideration of _____ *Vinyl Visions, LLC* _____

extending credit to _____
(Name of Credit Applicant Company)

(hereafter referred to as the "Company") of which and in reliance on any guaranty of said credit, I _____, hereby personally guarantee to you the payment of any obligation sign this quote/application on behalf of applicant and as an individual(s) do personally guarantee payment of all present and future indebtedness of applicant to Vinyl Visions, LLC including all reasonable attorney's fees and/or collection expenses incurred by Vinyl Visions, LLC by reason of default in payment, also service charges on past due balances at 1.5% per month on the unpaid balance.

I (we) also agree that all personal liability hereunder shall not be released or discharged by any extension of time, or by any other modifications, substitution, settlement, or compromise granted to applicant, or by any change in the legal form or ownership of applicant.

VINYL Visions, LLC REQUIRES THE SIGNATURE OF AN OFFICER IF CORPORATION, ALL PARTNERS IF GENERAL PARTNERSHIP, SIGNATURE OF THE GENERAL PARTNER IF LIMITED PARTNERSHIP, SIGNATURE OF OWNER IF INDIVIDUAL OWNERSHIP.

Owner/Officer Signature

Date

Print Name

Title