

CONFIDENTIAL CREDIT APPLICATION



Applicant's Legal Name: _____

(Name of business. If proprietorship, than proprietor's name)

Status: (Check One)

Proprietorship Partnership Corporation

Company Information:

Trade Name: _____
Authorizing Party: _____ Title: _____
AP Contact: _____ Title: _____
Telephone: _____ Fax: _____
Service Contact: _____ Title: _____
Telephone: _____ Fax: _____
Local Address: _____
Billing Address: _____
Telephone: _____ Fax: _____
Check Cycle: _____ TIN: _____
Date: _____ Date Started: _____
Type of Business: _____

Bank References:

Bank: _____ Account #: _____
Address: _____ Account Name: _____
Contact: _____ Contact Phone: _____

Credit Card:

Card Type: _____ Expiration Date: _____
Card Number: _____ Name on Card: _____

Trade References:

Company: _____ Account #: _____
Address: _____ Type of Business: _____
Contact: _____ Contact Phone: _____

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Address: _____ Type of Business: _____
Contact: _____ Contact Phone: _____

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The applicant named above hereby authorizes Visual Graphic Systems Inc. (hereafter VGS) to contact any reference given above and authorizes said reference to divulge said information along with authorizing VGS to obtain credit reports from any credit-reporting agency. Applicant agrees if credit is extended by VGS, the applicant shall pay amounts owing in accordance with invoice terms, and if any amounts are not paid when due, VGS is authorized to bill the credit card listed above for the amount owed. If for any reason any amounts owing are placed for collection, applicant agrees to pay all costs associated with such collection, including but not limited to collection fees, expenses, court costs and reasonable attorney’s fees. Applicant agrees that all payments to which VGS is entitled shall be paid to VGS at its offices in New York City, New York, that the laws of New York shall govern all transactions between VGS and applicant, and that exclusive venue and jurisdiction of any dispute or suit arising between VGS and applicant shall lie within the courts of the State of New York.

I have read and agree to the aforementioned terms and conditions. I also certify that I have full authority to bind applicant to the terms and conditions and that all information contained herein is true and accurate and may be relied upon as the basis for granting credit.

By: _____
Title: _____
Date: _____

Please email, fax or mail this completed form to:

Visual Graphic Systems Inc. (VGS)
500 Tenth Avenue
New York, NY 10018
t. 212.563.5600 f. 212.563.9334
e. : accounting@vgs-inc.com