



Credit Dept - 419-586-6433
Credit Dept Fax - 612-395-5374
Credit Dept Address
One Visions Parkway
Celina, OH 45822

CREDIT APPLICATION

1. Company Information (Applicant) TYPE OR PRINT NEATLY

Full Legal Name/Business Entity	Phone#	Fax#
Doing Business As (DBA)		
Billing Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
No. of Employees	Year Business Established	Annual Sales Type of Business
Federal Tax ID (if incorporated)	State of Incorporation	
E-Mail Address(es)(Sales)	(Billing)	Website:
PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE		

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone#
E-Mail Address		

3. Bank Reference

Bank Name	Account Number	Contact
Address	City	State Zip Phone#

4. Trade Credit References (attach sheet - need 5 or 6)

Company Name	Contact	Fax#
Address	City	State Zip Phone#

The applicant hereby applies for credit and affirms financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. The applicant hereby authorizes Eighth Floor, LLC d/b/a Awardcraft (EF) to verify and collect information on the applicant, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports.

TERMS OF SALE: Accounts are payable within 30 days of INVOICE DATE. A finance charge of 1 1/2% per month (18% per year) or applicable statutory limit will be charged on unpaid balance of past due accounts. In the event of default, the applicant agrees to pay all costs of collection including a reasonable attorney's fee and court costs. The applicant understands that orders under \$500 may require payment by credit card or payment up front at the sole discretion of EF. The applicant understands that they are the legally binding purchaser and agree to all of the terms and conditions herein. The applicant agrees that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of EF.

Signatures(s) _____

Date: _____

RETURN BY FAX TO: FAX# 612-395-5374
 VISIONS CREDIT, ONE VISIONS PARKWAY, CELINA, OH 45822