



Credit Application

FEIN#: _____ Sales Taxable/Exempt? _____ Credit Limit Requested: _____
Business Type: ___Corporation ___Partnership ___Sole Proprietor ___Non-Profit ___Reseller ___Other
Years in Business: _____ Date Established: _____ Is purchase order # required? _____
D & B #: _____ Name of Parent Company if Subsidiary _____ Parent D & B #: _____

General Information (please print)

Business Name: _____ DBA: _____
Street Address: _____ City/State/Zip: _____
Phone #: _____ Fax #: _____
A/P Contact Name: _____ A/P Phone #: _____ A/P e-mail: _____
Billing Address: _____

Trade References

Company Name: _____ Contact Name: _____
Street Address: _____ City/State/Zip: _____
Phone #: _____ Fax #: _____ E-mail: _____

Company Name: _____ Contact Name : _____
Street Address: _____ City/State/Zip: _____
Phone #: _____ Fax #: _____ E-mail: _____

Company Name: _____ Contact Name: _____
Street Address: _____ City/State/Zip: _____
Phone #: _____ Fax #: _____ E-mail: _____



Bank Reference

Bank Name: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____ Contact: _____
Account Number(s)/Account Type(s): _____

Signature of CFO, Controller or authorized individual required:

Signature: _____ Title: _____
Print Name: _____ Date: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the references listed in this credit application to release necessary information to VisionStream, Inc. in order to verify the information contained herein.