



8801 Wyoming Avenue North
 Brooklyn Park, MN 55445
 Main: (763) 425-4251
 Fax: (763) 425-4616
 www.visionsfirst.com

Credit Application

****REQUIRED****

MY SALES REP IS: _____

Firm Name: _____

Phone: _____

Address: _____

Fax: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

Year Business Started: _____ **Legal Structure:** Corporation **Annual Sales:** Under \$100,000
 Years at Present Location: _____ Partnership \$100,000 to \$500,000
 Years Under Present Ownership: _____ Proprietor Over \$1,000,000
 LLC

OFFICERS

Name: _____ Title: _____ SS # _____ - _____ - _____

Name: _____ Title: _____ SS # _____ - _____ - _____

Person Responsible for Accounts Payable: _____ AP Phone: _____ AP E-mail: _____

Name of Bank: _____ Bank Contact: _____

Bank Account #: _____ Bank Phone: _____

TRADE REFERENCES

1) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

2) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

3) Company Name: _____ Phone: _____ Annual Purchases: _____

Address: _____ Fax: _____ \$ _____

Exempt from State Sales Tax: Yes No Tax Exemption Number: * _____

* A Minnesota ST3 Certificate of Exemption form must be completed, signed and submitted along with this form if tax exempt.

CREDIT TERMS

All credit accounts are required to pay net 30 days. Any amount unpaid after 60 days will be considered past due and subject to a service charge of 1-1/2% per month (18% annual) or the highest rate allowable by law and the customer may be placed on a cash basis. In addition, the customer agrees to pay all costs (including reasonable attorneys and collection fees) incurred in the collection of any unpaid amount.

I hereby certify that I am authorized to make application for and receive goods on credit for the above named corporation, partnership, or individual. I also certify that to the best of my knowledge all information provided in this credit statement is accurate and hereby give my permission to your company to verify any or all facts disclosed herein.

This agreement is made and entered into the state of Minnesota; and at creditor's option any litigation of any dispute arising hereunder may be commenced in the state of Minnesota. In that event, I the undersigned Applicant hereby consent to the jurisdiction of the courts of the state of Minnesota.

Unless credit has been approved, Visions reserves the right to have your orders delivered C.O.D.

Print Name: _____ Signature: _____ Date: _____

(Required)



Personal Guaranty and Personal Credit Report Authorization

IN CONSIDERATION OF THE EXTENSION OF CREDIT TO THE ABOVE NAMED COMPANY, I PERSONALLY AND INDIVIDUALLY HEREBY UNCONDITIONALLY GUARANTEE THE PAYMENT OF WHATEVER AMOUNT SHALL AT ANY TIME BE PAST DUE (INCLUDING ALL EXPENSES OF COLLECTION, REASONABLE ATTORNEYS AND/OR COLLECTION FEES). THIS AGREEMENT IS MADE AND ENTERED INTO THE STATE OF MINNESOTA; AND AT CREDITOR'S OPTION ANY LITIGATION OF ANY DISPUTE ARISING HEREUNDER MAY BE COMMENCED IN THE STATE OF MINNESOTA. IN THAT EVENT, I THE UNDERSIGNED APPLICANT HEREBY CONSENT TO THE JURISDICTION OF THE COURTS OF THE STATE OF MINNESOTA. THIS PERSONAL GUARANTEE SHALL BE CONTINUING IN NATURE UNLESS, AND UNTIL, REVOKED IN WRITING BY WAY OF CERTIFIED MAIL TO THE COMPANY. IN THAT EVENT, SUCH REVOCATION SHALL BE EFFECTIVE ONLY AS TO ANY SALES MADE AFTER THE DATE SAID CERTIFIED MAIL IS RECEIVED BY THE COMPANY.

SIGNATURE

DATE

TYPE OR PRINT NAME

SSN

I THE UNDERSIGNED GUARANTOR, IN RECOGNITION THAT MY CREDIT HISTORY MAY BE A CONTINUING, NECESSARY FACTOR IN THE EVALUATION OF THIS ONGOING PERSONAL GUARANTY, HEREBY CONSENT TO AND AUTHORIZES CREDITOR TO OBTAIN AND USE MY CONSUMER CREDIT REPORT PERIODICALLY IN THE ONGOING CREDIT EVALUATION PROCESS OF THE EFFECT AND DURATION OF THIS PERSONAL GUARANTY.

SIGNATURE

DATE

TYPE OR PRINT NAME

SSN