



ColorVision Corporation Credit Application

Name _____

Phone () - Fax () -

Physical Address _____

Billing Address _____

Sales Tax Exemption # _____

Person(s) Authorized to Charge _____

Accounts Payable Contact _____

Years in Business in the Present Form _____

Form of Business (Circle One)

C (Corporation) P (Partnership) PR (Sole Proprietorship)

Bank Reference

Name of Institution _____

Contact Person _____

Phone () -

Address _____

Account # _____ Type _____

I, _____, hereby give the above listed financial institution my permission to release any and all information concerning my credit status to ColorVision Corporation

Signature of Account Holder

Trade/Credit References

Name of Company _____

Address _____

Phone () - Fax (Required) () -

Name of Company _____

Address _____

Phone () - Fax (Required) () -

Name of Company _____

Address _____

Phone () - Fax (Required) () -

I certify that all information on this form is correct. I/we fully understand ColorVision Corporation's credit terms of Net 30 and a 1.5% per month service charge may apply to any/all non-current balances and agree to pay in accordance with these terms. Should collection procedures become necessary I agree to pay all attorney fees. In consideration of ColorVision Corporation extending credit hereunder, the undersigned, jointly and severally, and unconditionally guarantee and promise to pay, on demand, any and all indebtedness of the above named applicant to ColorVision Corporation.

Signature _____ Title

Date _____

Principal(s) Information

Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Phone: (_____) _____ - _____

Name: _____

Title: _____

Home Address: _____

City, State, Zip: _____

Phone: (_____) _____ - _____