

VISION PICKLING & PROCESSING, INC.

Tel: 815-264-7755 9341 State Route 23, Waterman, IL 60556 Fax: 815-264-7778

Commercial Credit Application

Trade name: _____ Address: _____

Telephone: _____ Fax: _____

Name of Accounts Payable contact: _____ Title: _____

Credit Line requested: _____ FEIN or SS#: _____

Corporation _____ Partnership _____ Individual _____

OWNERSHIP Name: _____ Address: _____
Title: _____
% Ownership _____
Telephone: _____ Fax: _____

Name: _____ Address: _____
Title: _____
% Ownership _____
Telephone: _____ Fax: _____

TRADE REFERENCES Name: _____ Address: _____
Contact name: _____
Telephone: _____ Fax: _____

Name: _____ Address: _____
Contact name: _____
Telephone: _____ Fax: _____

Name: _____ Address: _____
Contact name: _____
Telephone: _____ Fax: _____

BANK REFERENCES Name: _____ Address: _____
Office: _____
Account no: _____ Telephone: _____

In condition for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery; (2) any charges unpaid after the above 30 days are to be increased by 1½% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorneys' fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

**CREDIT CANNOT BE EXTENDED UNTIL
THIS FORM IS COMPLETED AND VERIFIED**

Authorized signature:

Title: _____ Date: _____
