



Company Credit Application

Your cooperation in providing the following CONFIDENTIAL information will help us to expeditiously establish your new credit account and to better serve your future business needs. You will be notified by mail or e-mail once your credit line has been approved. Typical response time is 24-48 hours; please let us know if you need your application expedited sooner.

Please read carefully, this is a BINDING "CREDIT CONTRACT"

In consideration of credit being granted to me or to my signed agent(s), I agree fully to the following:

1. Our terms of sale are Net 10. Charges of 1.5% per month will be added to invoices not paid within 30 days of the invoice date. (18% per annum)
2. To notify creditor of any change of ownership within 30 days.
3. If this is placed in collections, I agree to pay all reasonable charges including attorney's fee, and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
4. Any legal action to collect outstanding receivables shall take place in the State of Alabama and all Alabama laws shall apply.
5. Any and all returns must have a RGA issued, no credit is to be taken until Vision Wheel inspects the return and credit is issued.
6. Returned merchandise that is not defective will assessed a 20% restocking fee.

Authorized Signature below is required or Credit Application will be DENIED

Firm Name: _____

D & B Number _____ FEDERAL ID # _____

Parent Company: Owner or Partner's Name: _____

Company Website Address: _____

Billing Address: _____ P.O Box _____

Shipping Address: _____

City _____ **State** _____ **Zip** _____



Phone: (Area Code) _____ Fax: (Area Code) _____

Name of Primary Sales Contact: _____

Email Address Sales Contact: _____

Name of Controller/Accounts Payable Contact: _____

E-Mail Address Controller/Accounts Payable Contact: _____

This Location since: _____ Type of business: _____

Buyer's Name _____

Buyer's E-mail Address: _____

Bank Name _____ **Checking account#** _____

Address _____ **City** _____ **State** _____

Bank Contact Name _____ **Email address** _____

Trade Reference # 1 _____

Phone Number _____ **Fax Number** _____

Trade Contact Name: _____

Trade Reference #2 _____

Phone Number _____ **Fax Number** _____

Trade Contact Name: _____

Trade Reference # 3 _____

Phone Number _____ **Fax Number** _____



I hereby grant permission to Vision Wheel and to my listed trade/bank references to verify this information and further, do agree to the terms and conditions as stated to the above (6) "credit contact" conditions:

Amount of Credit Requested: \$ _____

Signed: _____ Date _____

Principals Name: _____ Position: _____

Phone Number: _____ Extension: _____

Estimated Monthly Sales Volume: \$ _____

Do you have an order pending upon this credit approval? Yes No

Name of the Vision Wheel Salesperson you place your order with: _____

Personal Guarantee

In consideration for Vision Wheel extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Vision Wheel by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Vision Wheel and the business. Vision Wheel shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Vision Wheel.

The guaranty shall continue in force until notice in writing, sent by registered or certified mail return receipt requested is received by Vision Wheel. Said notice shall specify the date on which this guaranty is to be terminated, said date not to less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____ Name: _____

Home Address: _____

Home Phone: _____ SS# _____



Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____

PLEASE SIGN AND FAX BACK WITH YOUR TAX RESALE FORM ASAP TO (256) 350-6312

No account can be open unless the sales and use tax number is available, if your state is sales tax exempt, please note this: _____

You may also e-mail this application to: dmorrison@visionwheel.com