



**Digital Video, Web and Multimedia Production**

**Credit Application**

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING  
PLEASE PRINT OR TYPE (2 pages)

**BUSINESS INFORMATION:**

COMPANY NAME:			
CONTACT NAME:		YR. CO. ESTABLISHED	
STREET ADDRESS:			
CITY: STATE, ZIP:			
TELEPHONE NO:		FAX:	
DUNS NO.		E-MAIL	
TYPE OF BUSINESS:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
SALES TAX STATUS:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt (MUST provide a copy of your State Tax Exempt Certification)		
TAX EXEMPT EXPL:	<input type="checkbox"/> Resale <input type="checkbox"/> Gov. Agency <input type="checkbox"/> Exempt Institution <input type="checkbox"/> Direct Pay <input type="checkbox"/> Other:		
P.O. REQUIRED FOR ORDER PLACEMENT? YES <input type="checkbox"/> NO	PRESIDENT:		
AUTHORIZED SIGNITURE ON P.O.:			
ACCOUNTS PAYABLE CONTACT:	PHONE:		
<b>CREDIT LINE REQUESTED:</b>	\$		
ESTIMATED MONTHLY PURCHASES:	\$		

**CREDIT REFERENCES (three (3) trade references and one (1) bank reference)**

BANK : Phone No: _____ Company Name: _____ Contact Name: _____ Street Address: _____ City, State,Zip: _____ Acct. No.: _____	TRADE : Phone No: _____ Company Name: _____ Contact Name: _____ Street Address: _____ City, State,Zip: _____ Acct. No.: _____
TRADE : Phone No: _____ Company Name: _____ Contact Name: _____ Street Address: _____ City, State,Zip: _____ Acct. No.: _____	TRADE : Phone No: _____ Company Name: _____ Contact Name: _____ Street Address: _____ City, State,Zip: _____ Acct. No.: _____

**113 N. Bishop Ave.  
Clifton Heights, PA 19018**

**610-284-1600 (V)  
610-626-3462 (F)**

**Credit Application (Page 2)**

**PAYMENT TERMS:**

(APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY A PRINCIPAL, OWNER OR AUTHORIZED ACCOUNTS PAYABLE PERSONNEL.)

PAYMENT SHALL BE NET THIRTY (30) DAYS FROM THE DATE OF INVOICE, UNLESS OTHERWISE AGREED IN WRITING BY VISION STREAM STUDIOS. ALL AMOUNTS PAST DUE SHALL BE SUBJECT TO A FINANCE CHARGE OF ONE AND ONE-HALF PERCENT (1-1/2%) PER MONTH (18% PER ANNUM) OR SUCH LESSER RATE AS SHALL CONSTITUTE THE MAXIMUM RATE ALLOWABLE UNDER APPLICABLE LAW. IN ADDITION, CUSTOMER AGREES TO PAY VISION STREAM STUDIOS ALL ATTORNEYS FEES AND COURT COSTS REASONABLY INCURRED IN COLLECTING ANY PAST DUE AMOUNTS.

ALL CHECKS NOT HONORED BY YOUR BANK WILL BE SUBJECT TO A \$25.00 RETURNED CHECK FEE.

APPLICANT (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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**CREDIT CARD INFORMATION** (If applicable)

ATTACH PHOTO COPY OF FRONT & BACK OF CREDIT CARD.

NOTE: I UNDERSTAND THAT IF COLLECTION ACTION SHOULD BECOME NECESSARY FOR RECOVERY OF ANY MONIES DUE UNDER THIS CONTRACT, I AGREE TO PAY ANY AND ALL COLLECTION COSTS AND ATTORNEY FEES IN THE EVENT OF A DEFAULT OF THE AGREED PAYMENT TERMS, I HEREBY AUTHORIZE A CHARGE TO MY CREDIT CARD

CARD TYPE \_\_\_\_\_ CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

APPLICANT (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_