

# StoreSMART

A division of Visual Horizons

Application for Credit  
Please fill in this form  
completely and email back.

180 Metro Park, Rochester, N.Y. 14623-2666  
Phone: 800-424-1011 or 585-424-5300 FAX: 585-424-1064  
[www.StoreSMART.com](http://www.StoreSMART.com) Credit@VisualHorizons.com

We would like to establish a credit account with your firm; therefore we are submitting the following information for your records.

		Federal ID#	
Firm Name		Address	
City	State	Zip	Phone
Email	In business since	At above address since	
<b>Type of Business</b>	Corporation	Partnership	Individual Ownership
Product or service			
If partnership, name partners - if corporation, name officers			
<b>Name</b>	<b>Email</b>	<b>Title</b>	
<b>Bank References</b>			
Name		Address	
City	State	Zip	Phone
Person to contact		Account No.	
<b>Trade References (list three)</b>			
1) Firm name		Address	
City	State	Zip	Email
Phone	Fax	Person to contact	
High credit obtained \$			
2) Firm name		Address	
City	State	Zip	Email
Phone	Fax	Person to contact	
High credit obtained \$			
3) Firm name		Address	
City	State	Zip	Email
Phone	Fax	Person to contact	
High credit obtained \$			

## CREDIT POLICY:

A. Maximum credit limit I would need is \$ \_\_\_\_\_

B. A 1 ½% interest rate per month (annual rate of 18%) will be charged for accounts not paid in 30 days.

(I) (We) agree to notify you immediately of any change of ownership. If granted credit by you, I agree to pay all invoices according to your terms. My financial condition is satisfactory and I can meet all my present obligations. Yes No

There are no lawsuits or judgements against me at the present time.

Remarks \_\_\_\_\_

I make the foregoing application for credit in writing, intending that you should rely upon it for the purpose of my obtaining merchandise from you on credit.

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_