

Visualization Balloons, LLC  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company name		Date business commenced	
Purchasing agent name and title		<input type="checkbox"/> Sole proprietorship  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> Other	
Purchasing agent title			
Phone number			
E-mail			
Registered company address City, State ZIP Code			
Company website			
Accounts payable contact name			
Accounts payable contact phone #			
Accounts payable contact E-mail			
Does company require a PO	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**BUSINESS AND CREDIT INFORMATION**

Bank name:			
City, State ZIP Code		Bank Headquarters Address City, State ZIP Code	
Bank contact		Phone	
Phone		Account number	
E-mail		Type of account	

**BUSINESS/TRADE REFERENCES**

Company name		Contact name	
Address		Contact title	
City, State ZIP Code		Phone	
Credit limit		E-mail	
Company name		Contact name	
Address		Contact title	
City, State ZIP Code		Phone	
Credit limit		E-mail	

**AGREEMENT**

- All invoices are to be paid 30 days from the date of the invoice.
- By submitting this application, you authorize Visualization Balloons, LLC to make inquiries into the banking and business/trade references that you have supplied.

**AUTHORIZATION**

Authorized by		Authorized by	
Title		Title	
Date		Date	