



41900 Boscell Road Fremont CA 94538
(510) 353-6030 (510) 353-6036 Fax
www.visionrecycling.com

Credit Application for a Business Account

Please complete the attached application.

Read the following terms:

1. All information provided is warranted to be correct and is submitted for the purpose of inducing Vision Recycling to extend credit to Applicant. Applicant hereby authorizes Vision Recycling to investigate fully any references or financial information provided herein directly or indirectly pertaining to Applicant's credit and/or financial responsibility.
2. All amounts not received are past due and are subject to a late payment charge 1.5% rate. Buyer will pay 45 days after each purchase is made (45 days per invoice, not statement).
3. In the event of suit, applicant agrees to pay costs of collection including attorney's fees.
4. All parties further agree that in the event legal action becomes necessary, the same will be filed in Alameda County unless otherwise prescribed by California Mechanics Lien Law.
5. Those persons signing this agreement, individually and as officers of the corporation applying herein, do hereby agree to the terms and conditions of this contract and hereby individually bind themselves and the corporation to the terms and conditions of this contract and guarantee the payment for all material and services purchased pursuant to this agreement.
6. Buyer will pay all amounts that become due to seller under this contract and for all subsequent purchases made from seller to buyer.

I have read and agree to these terms:

Signature: _____ Print: _____ Date: _____

FAX/EMAIL COMPLETED APPLICATION TO:

VISION RECYCLING
(510) 353-6036
billing@visionrecycling.com

BUSINESS CONTACT INFORMATION
Company Name:
Tax ID:
Phone:
Fax:
E-mail:
Registered company address:
City:
State:
ZIP Code:
Date business commenced:
Sole proprietorship:
Partnership:
Corporation:
Other:
Physical Business Address:
City:
State:
ZIP Code:
Accounts Payable Contact:
Telephone:
Fax:
E-mail:
Bank name:
Bank address:
Phone:
City:
State:
ZIP Code:
Type of account
Account number
Savings
Checking
Other
Would you like to enroll in emailed statements & invoices? YES NO

If yes, please provide the email wished to receive statements/invoices:

Will your company require a PO# Yes No If Yes, please ensure that your employees are aware that they must provide a PO#, no purchase will be allowed on the account without being able to provide our staff with a PO#

BUSINESS/TRADE REFERENCES
Company name:
Address:
City:
State:
ZIP Code:
Phone:
Fax:
E-mail:
Type of account:
Company name:
Address:
City:
State:
ZIP Code:
Phone:
Fax:
E-mail:
Type of account:
Company name:
Address:
City:
State:
ZIP Code:
Phone:
Fax:
E-mail:
Type of account:
Print:
Print:
Title:
Date:
Title:
Date:
SIGN:
SIGN: