

# CREDIT APPLICATION

## Business Information

Legal Business Name: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

DUNS#: \_\_\_\_\_ Resale#: \_\_\_\_\_

Business Type:  Sole Proprietorship  Partnership  Corporation

Ownership:  Public Co.  Private Co.  Non-Profit

Years in Business: \_\_\_\_\_

State of Incorporation/Registration of Partner: \_\_\_\_\_

Date of Incorporation/Registration of Partnership: \_\_\_\_\_

Bankruptcy:  Yes  No

Individual Name (Proprietorship): \_\_\_\_\_ Telephone: \_\_\_\_\_

Partner's Names (Partnership): \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Principal's Name (Corporation): \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

## Bank Reference

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account(s) #: \_\_\_\_\_

## Trade Reference

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account(s) #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account(s) #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account(s) #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account(s) #: \_\_\_\_\_

## Credit Authorization

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize Vision BioPharma to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above.

## Terms and Conditions of this Credit Application

1. Until credit approval can be obtained, new accounts will be shipped Wire Transfer, Credit Card, COD, Cash, or Certified Check.
2. All past due amounts due and owing Vision BioPharma by Applicant shall bear interest from date due until paid at the greatest applicable non-usury interest rate permitted by law. If no usury statute shall apply, all past due amounts may bear interest at 2.5% per month.
3. Orders with outstanding and past due balances will be processed on COD basis only.
4. All principals and officers of the corporation are personal guarantors to the account of the corporation.
5. Debtor agrees to pay all invoices at 9540 Cozycroft Ave. Chatsworth, CA 91311
6. Checks returned to insufficient funds will be assessed a \$25 service charge.

## Personal Guarantee

I, the guarantor, also hereby waive any claim, right or remedy which such guarantor may now have or hereafter acquire against Vision BioPharma that arises hereunder and / or from the performance by any guarantor hereunder including, without limitation, any claim, remedy or right of subrogation, reimbursement, exoneration, contribution, indemnification or participation in any claim, right or remedy against Vision BioPharma, or any security in possession now or hereafter acquired, whether or not such claim, right or remedy arises in equity, under contract, by statute, under common law or otherwise.

I certify that I have read and agreed to the terms above. I further agree to pay all interest and expenses incurred by Vision BioPharma. including legal fees that are necessary to collect amounts owed by this credit applicant.

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**Officer/Owner/Partner Signature**

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**Date**

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**Please Print Full Name & Title**

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**Officer/Owner/Partner Signature**

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**Date**

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**Please Print Full Name & Title**