

Confidential Credit Application / New Account Information**Instructions and Information**

1. Form should be filled in using **Microsoft Word** or **Adobe Acrobat** (for pdf versions). Use TAB key to move to next field, SHIFT+TAB to move to previous field.
2. Complete and sign all sections applicable to your organization.
3. Please do not leave fields empty. If not applicable, write "N/A".
4. If your organization is sales tax exempt, attach a copy of your exempt certificate and fill Certificate of Resale / Tax Exempt section on page 3.
5. **Our terms are NET 30, FIRM** (an annual finance rate of 20% will be charged after 30 days).
6. Please fax completed and signed application to **Credit Department at 847-918-0259**.

Applicant Identification

In order to expedite the processing of your application, please provide at least one of the references below.

Visiplex Sales Quote Number:		Visiplex Sales Order Number:	
Record ID Number:		Customer Account Number:	

General Information

Legal Name of Organization:			
Parent Company (if subsidiary):			
Federal Tax ID:		D&B Number:	
Organization Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Government / Public		
Type of Business:		Year Established:	
Number of Locations:		At Present Location Since:	
Business Address:			
City:		State:	Zip Code:
Main Phone:		Main Fax:	Email:
Acct. Payable Contact:		Acct. Payable Email:	
Acct. Payable Phone:		Acct. Payable Fax:	
Invoice Mailing Address:	<input type="checkbox"/> Same as Business Address		
Address:			
City:		State:	Zip Code:
Shipping Address:	<input type="checkbox"/> Same as Business Address <input type="checkbox"/> Same as Invoice Mailing Address		
Address:			
City:		State:	Zip Code:
Main Phone:		Main Fax:	

Officers/Principals Information			
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Printed Name:		Title:	
Printed Name:		Title:	
Printed Name:		Title:	

Bank Information			
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Bank Name:		Account #:	
Contact Name:			
Phone:		Fax:	

Trade References			
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Organization Name:		Account #:	
Contact Name:		Fax:	
Organization Name:		Account #:	
Contact Name:		Fax:	
Organization Name:		Account #:	
Contact Name:		Fax:	
Organization Name:		Account #:	
Contact Name:		Fax:	

Customer Authorization / Terms of Sales			
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I HEREBY AUTHORIZE THE ABOVE LISTED REFERENCE TO RELEASE ANY INFORMATION RELATING TO THE ABOVE LISTED ACCOUNTS. THE UNDERSIGNED ALSO CERTIFIES THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE.

THE UNDERSIGNED FURTHER AGREES THAT ALL SALES BY VISIPLEX, INC., ARE SUBJECT TO VISIPLEX'S TERMS OF SALES AND IN THE EVENT OF LITIGATION RELATING TO ANY BUSINESS TRANSACTION BETWEEN THE CUSTOMER AND VISIPLEX, INC., IT SHALL BE GOVERNED BY AND INTERPRETED PURSUANT TO THE LAWS AND DECISIONS OF THE STATE OF ILLINOIS. VISIPLEX, INC. SHALL BE ENTITLED TO ITS REASONABLE COSTS AND EXPENSES INCURRED, INCLUDING ATTORNEY'S FEES AND THE COSTS OF LITIGATION IN ENFORCING THE TERMS OF ANY SALE OR COLLECTING UPON ANY RESULTING JUDGMENT. ANY LAW SUIT FILED BY OR AGAINST VISIPLEX, INC. SHALL BE FILED IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS OR IN THE FEDERAL DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS.

Officer's Printed Name:		Title:	
Officer's Signature:		Date:	

Certificate of Resale / Tax Exempt (Resellers and Tax Exempt Only)

THE UNDERSIGNED, HEREINAFTER "PURCHASER", HEREBY CERTIFIES THAT ALL TANGIBLE PERSONAL PROPERTY PURCHASED BY PURCHASER FROM VISIPLEX, INC., 100 N FAIRWAY DRIVE, SUITE 120, VERNON HILLS, ILLINOIS 60061, IS FOR THE PURPOSE OF RESALE. PURCHASER ASSUMES LIABILITY FOR PAYMENT OF ANY RETAILER'S OCCUPATION TAX, SALES TAX, SERVICE OCCUPATION TAX, USED TAX, OR ANY OTHER REGIONAL AND / OR LOCAL TAX IMPOSED ON SALES AND / OR PURCHASES WITH RESPECT TO RECEIPTS FROM THE SALE OF THIS PROPERTY TO USERS OR CONSUMERS, OR FOR THE PURCHASER'S OWN INTERNAL USE OR CONSUMPTION.

IF SUCH PROPERTY, OR ANY PORTION THEREOF, PURCHASED PURSUANT TO THIS CERTIFICATE IS LATER DETERMINED TO BE SUBJECT TO SUCH TAX, PURCHASER AGREES TO PAY SUCH TAXES, DIRECTLY TO THE RESPONSIBLE TAX AUTHORITY AS REQUIRED.

State:		Registration / Certificate #:	
State:		Registration / Certificate #:	
State:		Registration / Certificate #:	
Legal Name of Organization:			
Business Address:			
City:		State:	
		Zip Code:	
Officer's Printed Name:		Title:	
Officer's Signature:		Date:	

Personal Guaranty (Resellers and Privately Owned Only)

THE UNDERSIGNED _____ ("GUARANTOR") OF _____
 Name Company Name

HAVING A FINANCIAL INTEREST IN APPLICANT, AND BENEFITING FROM THE TRANSACTIONS CONTEMPLATED BY THIS AGREEMENT, HEREBY PERSONALLY GUARANTEES THE PAYMENT BY APPLICANT TO THE COMPANY OF ALL AMOUNTS, DUE AND OWING NOW, AND FROM TIME TO TIME HEREAFTER. GUARANTOR EXPRESSLY WAIVES NOTICE FROM THE COMPANY OF ITS ACCEPTANCE AND RELIANCE ON THIS PERSONAL GUARANTY, NOTICE OF SALES MADE TO APPLICANT, AND NOTICE OF DEFAULT BY APPLICANT. THE OBLIGATIONS OF GUARANTOR HEREUNDER SHALL NOT BE AFFECTED, EXCUSED, MODIFIED OR IMPAIRED UPON THE HAPPENING FROM TIME TO TIME OF ANY EVENT. NO SET-OFF, COUNTERCLAIM OR REDUCTION OF ANY OBLIGATION, OR ANY DEFENSE OF ANY KIND OR NATURE WHICH THE GUARANTOR HAS OR MAY HAVE AGAINST APPLICANT OF THE COMPANY SHALL BE AVAILABLE HEREUNDER TO THE GUARANTOR AGAINST THE COMPANY IN THE EVENT OF A DEFAULT BY APPLICANT ON ITS OBLIGATIONS TO THE COMPANY. THE COMPANY MAY PROCEED DIRECTLY TO ENFORCE ITS RIGHTS HEREUNDER AND SHALL HAVE THE RIGHT TO PROCEED FIRST AGAINST GUARANTOR, WITHOUT PROCEEDING WITH, OR EXHAUSTING ANY OTHER REMEDIES IT MAY HAVE. GUARANTOR AGREES TO PAY ALL COSTS, EXPENSES, AND FEES, INCLUDING REASONABLE ATTORNEYS' FEES, WHICH MAY BE INCURRED BY THE COMPANY IN ENFORCING THIS PERSONAL GUARANTY OR PROTECTING ITS RIGHTS FOLLOWING ANY DEFAULT ON THE PART OF GUARANTOR. GUARANTOR AGREES THAT AN INTEREST CHARGE OF TWO PERCENT (2%) PER MONTH, OR THE HIGHEST RATE PERMITTED BY LAW, WHICHEVER IS LESS SHALL BE ASSESSED ON ANY AMOUNT DUE AND OWING TO THE COMPANY BY GUARANTOR UNDER THIS PERSONAL GUARANTY UNTIL COLLECTED. THIS PERSONAL GUARANTY SHALL BE BINDING UPON GUARANTOR, THE GUARANTOR'S HEIRS, SUCCESSORS, ASSIGNS, REPRESENTATIVES AND SURVIVORS, AND SHALL INURE TO THE BENEFIT OF THE COMPANY, ITS SUCCESSORS AND ASSIGNS. THIS PERSONAL GUARANTY SHALL BE GOVERNED BY AND INTERPRETED WITH THE LAWS AND DECISIONS OF THE STATE OF ILLINOIS AND VENUE SHALL SOLELY RESIDE IN ILLINOIS. IF MORE THAN ONE, THE OBLIGATIONS OF THE UNDERSIGNED SHALL BE JOINT AND SEVERAL.

Printed Name:		Driver License #:	
Signature:		Date:	
Address:			
City:		State:	
		Zip Code:	
Witnessed By:		Date:	

Notary Public