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Visual Enrichment Solutions

BUSINESS CREDIT APPLICATION

Company Name _____
Billing Address _____
Phone _____ Fax: _____
E-mail Address _____
____ Corporation ____ Partnership ____ Proprietorship ____ Other
Type of Business _____

____ Sales Tax Exempt: Please provide Tax Exempt Certificate.

CONTACT INFORMATION:

Name _____
Title _____
E-mail _____
Phone: _____ Ext. _____

CREDIT REFERENCES:

Creditor Name _____
Account # _____
Phone _____
Address _____

Creditor Name _____
Account # _____
Phone _____
Address _____

Creditor Name _____
Account _____
Phone # _____
Address _____

BANK REFERENCES:

Bank Name _____
Account _____
Phone # _____
Address _____

CREDIT LIMIT REQUESTED: \$ _____

CREDIT TERMS

- Payment on all invoices is due within **30** days of invoice date.
- All overdue invoices bear interest at **1.5 %** per month from the due date until paid.
- In the event of default in the payment of any amount due hereunder, and if this account is placed with an agency or attorney for collection or legal action; to pay an additional sum equal to reasonable collection cost as incurred and permitted under the laws governing these transactions; and this agreement shall be construed and enforced under the applicable state and local laws.
- Credit terms and limit may be cancelled or changed by Creditor at any time without notice.
- All transactions are governed by the laws of the Creditor's state.
- All transactions are governed by the terms of the Creditor's documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes creditor to contact all references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Dated: _____, 20 ____

Signature of Credit Applicant

Name of Credit Applicant