

# VIDEOINSIGHT

## Credit Application

### **Business Information**

Legal Name:

DBA:

Contact Name:

Street Address:

City, State, Zip

Phone:

Fax:

Email:

Date and State of incorporation:

Sole Proprietorship      Partnership      Corporation

### **Banking Information**

**Bank Name:**

**Bank Address:**

**Contact Name:**

**Phone:**

**Fax:**

**Business References**

**Company Name:**

**Company Address:**

**Contact Name:**

**Phone:**

**Fax:**

**Company Name:**

**Company Address:**

**Contact Name:**

**Phone:**

**Fax:**

**Company Name:**

**Company Address:**

**Contact Name:**

**Phone:**

**Fax:**

### **Credit Card**

All customers must provide a valid credit card number, expiration date, and CVV2 code to obtain credit with Video Insight.

**Credit Card Type:**

**Account Number:**

**Expiration:**

**CVV2 Code:**

**Name on Card:**

**Address on Statement:**

**Agreement**

1. All invoices are to be paid within 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. Your signature on this application authorizes Video Insight to make inquiries to the above listed businesses.
4. All invoices more than 30 days past due may be charged the above listed credit card.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date