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Application for an Open Account with Net 30 Terms

BUSINESS INFORMATION (Required)

FIRM NAME			TELEPHONE	
ADDRESS		CITY	STATE	ZIP
TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER			YEAR ESTABLISHED	
LAST YEARS REVENUE		D&B #	NUMBER OF EMPLOYEES	
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS TAXABLE <input type="checkbox"/> ITEMS EXEMPT		FEDERAL TAX ID#	RESELLER PERMIT #	
COMPANY WEBSITE ADDRESS				

CONTACT PERSON (Required)

NAME		TITLE
TELEPHONE		EMAIL ADDRESS

ACCOUNTS PAYABLE DEPARTMENT (Required)

PERSON OF CONTACT		TELEPHONE
EMAIL ADDRESS		FAX

CREDIT REFERENCES (Attachment Accepted)

NAME		PHONE	NAME		PHONE
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

BANK REFERENCE (Attachment Accepted)

BANK NAME			BRANCH	PHONE
ADDRESS			ACCOUNT NUMBER	
CITY	STATE	ZIP	TYPE OF ACCOUNT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDIVIDUAL	

PRODUCT INFO

PRODUCTS YOUR ORGANIZATION IS PRIMARILY INTERESTED IN PURCHASING FROM OVM?:
WILL OUR PRODUCTS WILL BE MARKETED BY YOUR ORGANIZATION? IF SO HOW? (CATALOG, WEBSITE, ETC.)

I hereby certify that I am authorized to represent the entity listed above. I certify the information, as presented on this form, is true and complete and presented to OVM in order to establish open account with **NET 30 DAYS terms**. In consideration of, and in order to induce OVM to establish open account terms based on this application, the undersigned promises to pay for all purchases in accordance with OVM's terms of sale.

In the event it becomes necessary for OVM to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned promises to pay such additional costs, charges, expenses, including reasonable attorney fees if the account is placed in the hands of attorney for collection.

Authorized Signature _____ Title _____

Printed Signature _____ Date _____