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## Application for an Open Account with Net 30 Terms

### BUSINESS INFORMATION

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 #	
PURCHASES WILL BE PAID HOW? <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> NET 30 ACCOUNT	COMPANY WEBSITE ADDRESS		

### CONTACT PERSON

NAME	TITLE
TELEPHONE	EMAIL ADDRESS

### CREDIT REFERENCES

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

### BANK REFERENCES

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

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 \_\_\_\_\_