

**InfoSeal, LLC**

1825 Blue Hills Circle, Roanoke, VA 24012  
Phone: (888) 952-4636 • Fax: (888) 652-4636

Credit terms are available to clients only when the number of regular invoices per month and the size and the complexity of the clients organization make it inconvenient to draw a check each time an order is delivered.

If your organization meets the above requirements, keeps payments current, and can furnish acceptable credit information and responsibility requested on this form, we will be pleased to extend credit within reasonable limits on NET DAY TERMS.

*Please note: Our credit terms are available for convenience of payment only, not for the purpose of financing your business. In today's economic climate, businesses have more difficulty in the area of " cash flow" than in any other area. Our policy is to remain financially strong and viable in order to be of continued good service to you, and to facilitate expansion of our facilities necessary to meet your growing needs.*

**CONFIDENTIAL APPLICATION FOR CREDIT**

Date \_\_\_\_\_ Tax ID # \_\_\_\_\_

Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Kind of Business \_\_\_\_\_ Requested Credit Limit \$ \_\_\_\_\_

Name of Principal(s) please list all: \_\_\_\_\_

Legal Identify: Sole ownership  Partnership  Corporation  How long in business: \_\_\_\_\_

**Bank Reference**

Bank Name: \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Account # \_\_\_\_\_ Person to contact \_\_\_\_\_

**Three Business References**

**Company Name** \_\_\_\_\_ Fax # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Company Name** \_\_\_\_\_ Fax # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Company Name** \_\_\_\_\_ Fax # \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

InfoSeal Credit Application Page Two

**Personal Guarantee**

In the event my company defaults in the performance of any obligation incurred to *InfoSeal, LLC*. I personally will be responsible for and will discharge said obligations. This is a guarantee of payment not collection.

Signature \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Position in Company Requesting Credit \_\_\_\_\_

**THE APPLICANT AGREES TO THE TERMS AND CONDITIONS OF THE INFOSEAL, LLC FORMS OPEN ACCOUNT AGREEMENT AS FOLLOWS:**

- 1. Payment in full is due within 30 days of the receipt of the *InfoSeal, LLC* invoice.**
- 2. An open account is offered to those customers who will do regular business with *InfoSeal, LLC*.**
- 3. All legal fees, court costs, and collection fees to be paid for by the applicant, in case of default on the terms of the agreement.**
- 4. Interest will be paid to *InfoSeal, LLC* by the applicant, at the rate established by law, on all money due *InfoSeal, LLC* over 60 days.**
- 5. Title for all work and services performed by *InfoSeal, LLC* shall not pass to the applicant until all money due *InfoSeal, LLC* is paid in full.**
- 6. The applicant hereby gives permission to disclose its experience with the bank Indicated above, to *InfoSeal, LLC*.**

ACCEPTANCE OF TERMS & CONDITIONS AS HEREBY SET FORTH BY OWNER, PARTNER OR CROPORATE OFFICER.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature

**FOR OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_ Date \_\_\_\_\_ Open Account Limit \_\_\_\_\_