



CREDIT APPLICATION – The following information is submitted as the basis for the extension of credit to the undersigned for an open account. Please email completed app, tax exempt certificate(s), and trade references to: CREDITDEPT@ORORAVISUAL.COM

STANDARD TERMS: NET 30 (Due 30 days from Invoice Date)

OUR PREFERRED METHOD OF PAYMENT: ACH/EFT

Please provide either your DUNS# _____ or EXPERIAN BIN# _____

Please Type or Print - Fill out form completely

Company Name _____

Telephone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Mailing Address (If different than above) _____

Accounts Payable Contact Name _____ Phone _____

Accounts Payable Email Address _____

Email Address for Invoice(s) to be sent directly to _____

Email address for Payment Inquiry _____

Are Purchase Orders Required ☐ Yes ☐ No

Sales Tax Status ☐ Taxable

☐ Sales Tax Exemption (Please attach *signed* copy of Tax Exemption Certificate)

If business is a corporation, complete the following:

Home Office address _____

Is this a Branch or subsidiary of another company ☐ Yes ☐ No

If answer is Yes, complete the following:

Name of Parent Company _____

Address (street, city & state) _____

Are payments made locally or from another office? _____

If from another office, give location _____

Trade References:

Name _____ Account No. _____

Address _____ City, State & Zip _____

Phone No. _____ Fax No. _____

Name _____ Account No. _____

Address _____ City, State & Zip _____

Phone No. _____ Fax No. _____

Name _____ Account No. _____

Address _____ City, State & Zip _____

Phone No. _____ Fax No. _____

Debtor accepts credit with the understanding that all bills will be paid in accordance with our terms, regardless of where, when, or how the materials purchased from us may be used. Debtor acknowledges that this account is being opened, and that credit, if extended, is for the benefit of Debtor and expressly agrees that any "agency agreement" type language, or other terms conflicting with those of Orora Visual LLC, that may be included in their purchase order is null and void unless specifically agreed to, in writing, by an Executive Officer of Orora Visual LLC., on an order-by-order basis. Debtor agrees to pay a service charge equal to one percent (1.5%) per month on all balances past due according to our terms. Orora Visual LLC. reserves the right to cease processing orders or withhold shipment on accounts with past due balances. In the event the account is placed for collection, Debtor shall pay attorney's fees, and all other costs of collection. All accounts are subject to the credit limits and terms set by our credit department. In return for the extension of credit, I/we hereby agree to be bound by this agreement. The above is true, correct, and complete to the best of my knowledge.

For Corporation: Must be officer and show title.

For Partnership: Must be Partner. Signature indicates partners agree and can be held liable for debts of partnership.

For Individuals: Spouse must also sign and agrees to be held liable for debts of spouse making application.

Print Name of Authorized Applicant: _____

Signature of Authorized Applicant: _____

Date _____