



Vision Financial Group, Inc.
 615 Iron City Drive
 Pittsburgh, PA 15205
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 WWW.VFGUSA.COM

CREDIT APPLICATION

BUSINESS INFORMATION

EXACT LEGAL NAME OF BUSINESS ENTITY ("Obligor")				TELEPHONE NUMBER	
ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
NATURE OF BUSINESS			FAX NUMBER		FED. TAX NO.
WEBSITE ADDRESS		AMOUNT TO FINANCE		DATE BUSINESS ESTABLISHED (mm/yyyy)	
LOCATION OF EQUIPMENT, (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> TRUST					

OWNERSHIP INFORMATION

PRINCIPAL'S NAME					TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
HOME ADDRESS (STREET)					(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MEDICAL LICENSE #
ANNUAL SALARY \$		EST. NET WORTH \$		EMAIL ADDRESS					
PRINCIPAL'S NAME					TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
HOME ADDRESS (STREET)					(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MEDICAL LICENSE #
ANNUAL SALARY \$		EST. NET WORTH \$		EMAIL ADDRESS					

BANK INFORMATION

BANK		BRANCH		FAX NUMBER		TELEPHONE NUMBER	
CURRENT CHECKING ACCT BALANCE		CHECKING ACCOUNT NUMBER(S)		LOAN(S) ORIGINAL BALANCE \$		LOAN(S) CURRENT BALANCE \$	

TRADE INFORMATION

COMPANY NAME		ACCOUNT NUMBER		TELEPHONE NUMBER		CONTACT PERSON	

The undersigned, each individually as principals and/or guarantors of the Obligor, and on behalf of the Obligor (individually and collectively "Applicant"), hereby affirms that the foregoing information contained in this Credit Application is presented for the purpose of obtaining or maintaining credit as of the date indicated and is true, complete and correct. Applicant understands Vision Financial Group, Inc. is relying on this statement of our financial condition in extending or continuing to extend credit to Applicant. Vision Financial Group, Inc., its affiliates, successors or assigns is/are authorized to make any investigation of Applicant's credit either directly or through any agency employed by Vision Financial Group, Inc. for that purpose. Vision Financial Group, Inc. may disclose to any other interested parties our experience with this account. Applicant agrees to inform Vision Financial Group, Inc. immediately of any matter which will cause any significant change in Applicant's financial condition. Applicant understands that Vision Financial Group, Inc. will retain this application whether or not credit is granted. Vision Financial Group, Inc. may share this application or information contained in or related to it with affiliates of Vision Financial Group, Inc. to determine Applicant's eligibility for other products or services offered by Vision Financial Group, Inc.'s affiliates, unless you write to Vision Financial Group, Inc., at 615 Iron City Drive, Pittsburgh, PA 15205 to advise that you do not want this information shared.

X	DATE:	X	DATE:
PRINTED NAME AND TITLE:		PRINTED NAME AND TITLE:	