

## Email completed application to: <a href="mailto:lnfo@VisionVentions.com">lnfo@VisionVentions.com</a>

NEW ACCOUNT APPLICATION			
If applicable, please provide existing and/or previous VisionVentions, LLC account numbers:	For internal purposes only: New Account #:		
SHIPPING NAME AND ADDRESS	BILLING NAME AND ADDRESS (if different from shipping address)		
LEGAL BUSINESS NAME:	LEGAL BUSINESS NAME:		
DBA (Doing Business As) – specify name:	DBA (Doing Business As) – specify name:		
Address:	Address:		
City:	City:		
State/Province:	State/Province:		
Zip/Postal Code:	Zip/Postal Code:		
Telephone:	Telephone:		
Fax:	Fax:		
Email:	Email:		
D. dans before the	D. 1. (1) D (2) (1) 1 (		
Business Information	Partner(s)/Parent Company/Owner(s) Information		
Business Type: Corp LLC Hosp Med Ctr	(1) Name:		
Surg Ctr Clinic Distrib/Whlsler Surg Supplier Other	(1) Name:		
Surg Supplier Other	Title*:		
Years in Business:	(2) Name:		
	Title*:		
	*If Applicable		
Federal Tax I.D./EIN/GST #:	_		
Tax Exempt: YES NO	Do you use a PO System? YesNo		
If yes, please provide a copy of certificate with application.			

Partners or Corporate	e Officers			
Name	Title	Name		Title
Bank Reference				
Bank Name	Account Number	Contact Name	Phone & Fax	Numbers
Trade References				
Name of Company	Telephone	Email Acco	ount # Cor	ntact Person
****If yo	ou have registered addit	ional locations, please	add on a separate	sheet. ****
HEREBY CERTIFY THAT THE FOUNT THE FOUND THE FO	AMOUNTS DUE AS SPECIFIED ON RRENT AND STANDARD INVOICE TO PREGOING FIGURES AND STATEMENS, LLC FOR THE PURPOSE OF INDUITO THE FOLLOWING: (1) PERMISSION IS GRANTIC ROVAL PROCESS WITH OTHER THIS OLE DISCRETION, TO REJECT THIS OLE ACCOUNT UPON 30 DAYS NOTICE	ERMS AND CONDITIONS.  ENTS CONTAINED HEREIN AND A UCING VISIONVENTIONS TO EXT ON IS GRANTED TO VISIONVENT ED TO VISIONVENTIONS TO SHAI RD PARTY FINANCIAL INSTITUTIO CREDIT APPLICATION AND/OR LI	TTACHED HERETO ARE TRI END CREDIT TO THE UNDE IONS TO OBTAIN NECESSA RE INFORMATION OBTAIN ONS; AND (3) I ACKNOWLEI	JE AND CORRECT AND ARE RSIGNED. BY SIGNING THIS RY CREDIT INFORMATION ED IN CONJUNCTION WITH DGE THAT VISIONVENTIONS
Print Name & Title			thorized Signature	Date



## **E-Invoicing Information Form**

Dear Customer,

VisionVentions, LLC offers invoices and statements electronically in portable document format, "pdf" via email. Please complete the following fields for electronic setup and distribution of your invoices and statements.

Name:	(Accounts Payable Dept.)
Email Address: (for E-statements & E-Invoices)	(Block Capital)
Phone Number:	
Signature:	
Date:	
Payer #:	(For VV Internal Use Only)
Bill To #	(For VV Internal Use Only)
***If you wish to opt out of e-invoici	ing, you will receive paper copies of your invoices and statements.
Opt Out	
Name:	
Signature:	
Date:	