



Email completed application to:
Info@VisionVentions.com

NEW ACCOUNT APPLICATION

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



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: _____ **(Block Capital)**
(for E-statements & E-Invoices)

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-invoicing, you will receive paper copies of your invoices and statements.**

Opt Out ☐

Name: _____

Signature: _____

Date: _____