

VIVIZA LLC - Credit Application for a Business Account

1717 E. Busch Blvd. Suite D | Tampa, FL 33612 | 813 454 8432

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City: Tampa

State: FL

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 10 business days according to State Guidelines or 30 days from the date of the invoice (prior approval).
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize VIVIZA LLC to make inquiries into the banking and business/ trade references that you have supplied.
4. Email form to: info@vivizaie.com

SIGNATURES

Title:
Date:
Email:

Title:
Date:
Email: