



## CREDIT APPLICATION FOR A NET-30 BUSINESS ACCOUNT

### BUSINESS INFORMATION

Company name: \_\_\_\_\_

Company contact name: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

Company contact job title: \_\_\_\_\_

BILLING INFORMATION: (Where do we send bills too?)

Accountant name: \_\_\_\_\_

Accountant direct Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Accountant direct Email: \_\_\_\_\_

What credit limit are you applying for?: \_\_\_\_\_

Size of your company:       1-to-4 employees;    5-to-9 employees;    10+ employees

What is your company's annual revenue?:       0-1Mil;       1-5Mil;       5Mil+

### BUSINESS REGISTRATION INFORMATION

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date business commenced: \_\_\_\_\_

Business type:    Sole Proprietorship |    Partnership |    Corporation

Other: \_\_\_\_\_

### BUSINESS AND CREDIT INFORMATION

Primary physical business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize VETCO ELECTRONICS to make inquiries into the banking and business/trade references that you have supplied.
- 4. A collections agency will be used for late unanswered payments.
- 5. By signing below, you are agreeing to all the terms above and signify that you are in an official position that allows you to make such commitments on behalf of your company.

SIGNATURES

|                  |                  |
|------------------|------------------|
| Signature: _____ | Signature: _____ |
| Printed: _____   | Printed: _____   |
| Title: _____     | Title: _____     |
| Date: _____      | Date: _____      |