



CREDIT APPLICATION

Company Name: _____

Billing Address: _____

Street Address: _____

City/State/Zip _____

Phone No. () _____ Fax Number () _____

Nature of business _____ Year Established _____

Owners, Partners or Principal Officers:

Name _____ Title _____

Name _____ Title _____

Type of Business _____ Federal ID # _____

If Non-Corporation, Social Security Number of Owner _____ D-U-N-S # _____

Tax Status _____ Exempt Tax No. _____ (please include CALIFORNIA resale certificate)

_____ Charge Sales Tax

Accounts Payable Contact _____ Phone No. () _____

Fax No. () _____

TRADE REFERENCES (Give names of those you buy from on open account and within the past year.)

Company Name _____ Contact _____

Mail Address _____ Phone No. () _____

City/Sate/Zip _____ Fax No. () _____

Company Name _____ Contact _____

Mail Address _____ Phone No. () _____

City/Sate/Zip _____ Fax No. () _____

Company Name _____ Contact _____

Mail Address _____ Phone No. () _____

City/Sate/Zip _____ Fax No. () _____

BANK REFERENCE

Name _____ Contact _____

Mail Address _____ Phone No. () _____

City/Sate/Zip _____ Fax No. () _____

This signature authorizes release of information from above trade references, including bank reference to Vantage ID Applications. Also, by signing this form you agree to our company terms of **NET 30 DAYS** upon approval.

I attest that the information is true and correct.

Authorized Signature _____ Date _____

Title _____