



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.
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