



Credit Application & Agreement



Date: _____

Applicant Information				
Applicant			FEIN/Social Security Number	
Street Address		City	State	Zipcode
Billing Address (if different)		City	State	Zipcode
Phone #	Fax #	Nature of Business		
Date Business Established	<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> LLC			Annual Sales \$
Tax Exempt <input type="radio"/> Yes <input type="radio"/> No <i>If yes, attached signed tax certificate</i>	If Corporation or LLC, State Organized	Number of Employees	Amount of Credit Requested	
Owners/Officers Information				
Name	Title	Social Security #	Home Address	
Name	Title	Social Security #	Home Address	
Contact Information				
Buyer Name	Title	Direct Dial	Email	
Accounts Payable Contact	Title	Direct Dial	Email	
Invoicing				
Purchase Order on Invoices? <input type="radio"/> Yes <input type="radio"/> No	Prices shown on delivery/pickup ticket? <input type="radio"/> Yes <input type="radio"/> No	Invoice/Statement Delivery Method <input type="radio"/> Email/Fax _____ <input type="radio"/> Mail		
Special Instructions				
Trade References				
Creditor	City	State	Fax #	Email
Creditor	City	State	Fax #	Email
Creditor	City	State	Fax #	Email
Bank Reference				
Bank	Branch	Account #		
Contact Name	Phone	Fax # / Email		
<p>Terms & Conditions: By signing below, I am aware and agree to the fact that my personal file will be accessed by a credit reporting agency to determine eligibility for credit. I personally agree to pay the full amount of my bill on or before the tenth of each month following purchase. In the event that it becomes necessary to place any amount due hereafter in the hands of my attorney for collection I agree to pay 25% of such amount as attorney's fees Credit terms are NET 30 days, unless other arrangements are made. There will be a 2% service charge assessed to any balance over 30 days past due. Any balance that is over 60 days will result in credit terms revoked until account is paid current. Billing Disputes must be made within 60 days of original invoice date in writing to 3445 Winton Place Rochester, NY 14623</p>				
Signature		Print Name	Date	
Signature		Print Name	Date	

Please send completed application to AR.ACCT.LIST@VPSupply.com or Secure Fax 585-324-0306