

BUSINESS CREDIT APPLICATION

To qualify for net term billing and shipping, this application must be filled out completely. Please fax or mail your application to the above address. Please allow one week for processing. All orders shipped prior to account approval, will be C.O.D. or prepaid in advance. Thank you.

Business Information: (please print clearly)

Company:	Type:
Contact:	Phone: Fax:
Billing Address:	Website:
Billing City:	Billing State/Zip:
Shipping Address:	Shipping State/Zip:
Purchasing Agent:	Do you require a P. O. Number? <input type="radio"/> Yes <input type="radio"/> No
Accounts Payable Contact:	Email Address:
Sales Tax Id:	Federal EIN No.:
Business Entity: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation	Years Established/Date:
If this is a subsidiary, provide name, address and phone of parent company.:	<input type="radio"/> Yes <input type="radio"/> No
Name:	Phone:
Address:	City/State/Zip:

Officers, Owners and/or Partners

Name:	Title:	Phone:
Home Address:	City:	State/Zip:
Name:	Title:	Phone:
Home Address:	City:	State/Zip:

Trade References: (only who you have open accounts with – 3 required)

Supplier Name	City / State	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial References/Bank information, Credit Cards, etc. (only who you have open accounts with – 3 required)

Institution Name:	Account Number(s)	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customer Signature: _____ Date: _____

VGM – CREDITAPP

Office Use Only Section

VanGuard Approval: _____ Approved Declined
 Date: _____