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[www.wiring-harness-manufacturer.com](http://www.wiring-harness-manufacturer.com)

Email Application To: Julie@Vanguardmfg.com

## COMPANY CREDIT APPLICATION

TO QUALIFY FOR NET TERM BILLING & SHIPPING, THIS APPLICATION MUST BE FILLED OUT **COMPLETELY**. PLEASE EMAIL TO VANGUARD MANUFACTURING GROUP, L.L.C. AT THE EMAIL ADDRESS NOTED ABOVE AND ALLOW 1 WEEK FOR CREDIT CHECK. ALL ORDERS SHIPPED BEFORE ACCOUNT IS APPROVED WILL BE ON A COD OR PREPAID BASIS.

**Business Information:**

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Billing Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Billing City, State Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Shipping City, State Zip: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ PO's Required?[Y / N]: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Sales Tax Id Number: \_\_\_\_\_ - \_\_\_\_\_

Business Entity:[Circle One]:    Sole Proprietorship                  Partnership                  Corporation

Year Business Established: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

| If this is a division of, subsidiary or branch location, provide name, address & phone of parent company. |                           |                    |         |       |
|---|---------------------------|--------------------|---------|-------|
| NAME  | STREET ADDRESS, CITY, ZIP | ACCOUNTING CONTACT | PHONE # | EMAIL |
|   |                           |                    |         |       |

| OWNERS - OFFICERS - PARTNERS |       |         |       |              |      |       |     |
|------------------------------|-------|---------|-------|--------------|------|-------|-----|
| NAME                         | TITLE | PHONE # | EMAIL | HOME ADDRESS | CITY | STATE | ZIP |
|                              |       |         |       |              |      |       |     |
|                              |       |         |       |              |      |       |     |

| Trade References: (Only who you have open accounts with) 3 Required |                           |             |         |       |
|---|---------------------------|-------------|---------|-------|
| NAME  | STREET ADDRESS, CITY, ZIP | A/P CONTACT | PHONE # | EMAIL |
|   |                           |             |         |       |
|   |                           |             |         |       |
|   |                           |             |         |       |

| Financial References (Bank Info, Credit Cards, Etc) |                           |             |         |       |
|---|---------------------------|-------------|---------|-------|
| NAME  | STREET ADDRESS, CITY, ZIP | A/P CONTACT | PHONE # | EMAIL |
|   |                           |             |         |       |
|   |                           |             |         |       |
|   |                           |             |         |       |