



**CUSTOMER NEW ACCOUNT / CREDIT APPLICATION FORM**

PLEASE FILL OUT THIS FORM COMPLETELY – MISSING INFORMATION MAY DELAY YOUR ORDER

**APPLICANT**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Territory: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation \_\_\_\_\_ EIN/Taxpayer ID /Social Security# : \_\_\_\_\_

Approximate Date Business Began: \_\_\_\_\_ Expected Monthly Business with VKM: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BANK REFERENCE**

Bank: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Territory: \_\_\_\_\_ Zip /Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**TRADE REFERENCES**

1) Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Territory: \_\_\_\_\_ Zip /Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Territory: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

3) Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Territory: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**COMPLETED BY**

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

In consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 30 DAYS from invoice date, and (2) The signature below authorizes VKM to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 1.0% per month (12.0% per annum) or to the extent permitted by law.

We hereby authorize the above listed Bank and Trade Reference to release information to VKM International Inc for use in the evaluation of this Account request.

\*Credit cannot be granted without a signature acknowledging credit terms.

Account Number:

Credit Limit:

Date Approved:

Approved by:

**Please fax completed form to 352-861-2473**