



8700 Brookpark Road  
 Cleveland, Ohio 44129  
 Phone: 800.321.2311  
 Fax: 800.249.1855

# Application for Credit

**BILL TO:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Federal I.D. # \_\_\_\_\_

(Must be filled in)

Are you incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  
 State of incorporation: \_\_\_\_\_ Year \_\_\_\_\_

**Credit Data (Must be Completed)**

**Bank References**

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Checking  Loan  Other \_\_\_\_\_  
 Account # \_\_\_\_\_  
 (Must be filled in)

Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_  
 Checking  Loan  Other \_\_\_\_\_  
 Account # \_\_\_\_\_  
 (Must be filled in)

**Name and Address of Officers and/or Principals**

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number: ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number: ( ) \_\_\_\_\_

**Active Trade References  
 List Only Equipment Suppliers**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

Please select the Credit Line below that best fits your requirements (Financial Statement required if requesting over \$2,000)  
 Monthly Open Account Credit Limit  \$1,000  \$2,500  \$3,500  \$5,000  \$7,500  \$10,000  \_\_\_\_\_

**Terms and Provisions**

The terms of credit are net 30 days and a 1-1/2% per month late charge shall be assessed on any amount past due. Also, a service charge of \$20.00 for each non-sufficient or return check will be charged. In making this application for credit, I/we personally agree to all terms and provisions herein. The undersigned, hereby certifies the truth and accuracy of all information submitted in this credit application. The undersigned also authorizes Vendors Exchange International, Inc. to verify the information contained herein by obtaining credit bureau reports, checking credit references and other credit information on both the company and individual officer(s) whose signature(s) appear below.

Signature \_\_\_\_\_  
 Print name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Print name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_