



# APPLICATION FOR CREDIT

8700 Brookpark Road Cleveland, Ohio 44129  
Phone: 800-231-2311 | Fax: 800-249-1855 | collections@vesolutions.co

**BILL TO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_  
Are you Incorporated?  Yes  No  
Are you Tax Exempt?  Yes  No

Federal Tax I.D. # \_\_\_\_\_  
Tax Exempt #: \_\_\_\_\_

**BANK INFORMATION**

Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Attention: \_\_\_\_\_  
Account #: \_\_\_\_\_  
 Checking  Loan  Other

**ACTIVE TRADE REFERENCES**

List Only Equipment Suppliers

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
Account #: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
Account #: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
Account #: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_  
Account #: \_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

Please select the Credit Line below that best fits your requirements (Financial Statement required if requesting over \$2,500)  
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 \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_