

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 _____