



## VITAC CORPORATION CREDIT APPLICATION

Return via Fax to: John Yotz at 724-514-4111 or email John-Y@vitac.com

Name of Firm: \_\_\_\_\_

DUNS#: \_\_\_\_\_

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

City, State/Prov & Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Firm Type: (circle one)    Corporation    Partnership    Individual

Federal ID No: \_\_\_\_\_

Business Description: \_\_\_\_\_

Years under current ownership: \_\_\_\_\_

President: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Years at present location: \_\_\_\_\_

Rent or Own: \_\_\_\_\_

Desired monthly credit line amount: \_\_\_\_\_

### **BANK REFERENCES**

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

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

Phone number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_



CREDIT APPLICATION

TRADE REFERENCES

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

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Authorization: I hereby authorize VITAC Corporation to obtain the credit information necessary to process this application and to obtain such financial data and documents as it applies necessary to ascertain my credit worthiness. VITAC Corporation will hold all information in confidence. I understand that all invoices are net 30 days and those overdue balances may be placed for collection and a service charge of 1 1/2 % per month will be charged. I further attest that I have read and understand the Business Terms and Conditions accompanying this Credit Application which govern all transactions.

Signature of Card Holder: \_\_\_\_\_

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

Pittsburgh

[Corporate Headquarters]

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