

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: _____

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 ½ % 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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