



# CREDIT APPLICATION

## FOR VITAC CORPORATION

Please fill out and email this form to [Bryan.Bodhaine@vitac.com](mailto:Bryan.Bodhaine@vitac.com), or fax to 720-489-5664.

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

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

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

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

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

Firm Type: (select 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: \_\_\_\_\_



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**TRADE REFERENCES** *(Excluding Landlords, Utility Companies, Payroll Services, or Legal Representatives)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
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 any overdue balances may be placed for collection and a service charge of 1.5% per month will be charged.

**Authorized Signature:** \_\_\_\_\_

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

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