



VANDA Solutions Corporation | PO Box 1722 Eastlake, Colorado 80614 | Phone: 720-505-0512 Email: sales@vandasolutions.com

COMPANY NAME: _____ PHONE: _____

STREET ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ CREDIT LINE SOUGHT: _____

EMPLOYER (FEIN) IDENTIFICATION NO. _____ DUNS NO. _____

COMPANY AP/AR CONTACTS:

NAME 1: _____ TITLE: _____

ADDRESS: _____ PHONE/EMAIL: _____

NAME 2: _____ TITLE: _____

ADDRESS: _____ PHONE/EMAIL: _____

BANKING DETAILS:

BANK NAME: _____ ACCOUNT #: _____

BRANCH ADDRESS: _____ CITY/STATE/ZIP: _____

BANK CONTACT NAME: _____ PHONE: _____

CREDIT REFERENCES:

VENDOR 1: _____ CONTACT: _____

PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

VENDOR 2: _____ CONTACT: _____

PAYMENT ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

TERMS: Net 30 Days: Unless otherwise quoted. A 2.0% monthly interest is charged on overdue balances. The undersigned hereby requests that an account be opened for the undersigned company and authorizes the receipt and exchange of credit information in connection with this application. I/we hereby guarantee payment of all purchases as they come due.

DISPUTES: Will be resolved by arbitration by the American Arbitration Association in Denver Colorado. The number of arbitrators shall be one. The parties agree that the American Arbitration Association's expedited rules shall apply and waive all right to any hearing requiring witness production. The arbitrator shall issue an award based upon the written documentary evidence supplied by the parties. The arbitrator's award shall be binding and final. The losing party shall pay all arbitration expenses including all Attorney's fees.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME: _____ TITLE: _____

DATE: _____ APPLICANT'S SIGNATURE: _____

Payment Remittance:

VANDA Solutions Corp.

PO Box 1722

Eastlake, CO 80614-1722

Direct: (720) 505-0512

Email: sales@vandasolutions.com

*Direct Deposit, Bank Transfers or EFT Payments are preferred.