



VITRAFORM™

4201 E 48th Avenue, Denver, Colorado 80216
303 295-1010 phone 303 292-1161 fax
Mail to: kristina@vitraform.com

PLEASE PRINT!

NEW ACCOUNT APPLICATION & CREDIT ASSESSMENT

All initial orders received from new accounts must have this form completed.

FIRM NAME _____

<input type="checkbox"/> See Attached	BILLING ADDRESS	<input type="checkbox"/> Same	SHIPPING ADDRESS
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Telephone	_____	Telephone	_____
Facsimile	_____	Facsimile	_____
Email	_____		

Type of Ownership Corporation Limited Partnership Sole Proprietorship
 No. of Years in Business _____ If Incorporated, State of Incorporation _____ D & B Rating _____
 Name of Parent Company _____

REFERENCES ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL

Bank	_____	Contact	_____
Address	_____	Phone	_____
City	_____ State _____ Zip _____	Acct. #	_____

1. Supplier	_____	Contact	_____
Address	_____	Phone	_____
City	_____ State _____ Zip _____	Fax	_____
2. Supplier	_____	Contact	_____
Address	_____	Phone	_____
City	_____ State _____ Zip _____	Fax	_____
3. Supplier	_____	Contact	_____
Address	_____	Phone	_____
City	_____ State _____ Zip _____	Fax	_____

PERSONNEL

President or Owner _____
 Accounts Payable Clerk _____

CREDIT TERMS AGREEMENT

From date of invoice, net 30 days, F.O.B. Vitraform. A service and carrying charges of 1 ½% per month (annual percentage rate 18%) will be charged on all invoices outstanding more than 35 days.
 *In no event shall the service and carrying charge exceed the maximum interest rate as permitted by law. By execution of this Application and Credit Agreement, the undersigned consents to the imposition of the service and carrying charges as herein set forth.

Signature Owner/Partner _____ Date _____
 Print Name _____ Title _____

Application Verified by _____ Credit Limit _____ Date _____