

VENOSAN

NORTH AMERICA, INC.
300 Industrial Park Avenue, PO Box 1067
Asheboro, NC 27204-1067

CREDIT APPLICATION (OPEN ACCOUNT)

BUSINESS INFORMATION

Business Name: _____ Division/Subsidiary of _____

Billing Address: _____ D & B #: _____

City/State/ZIP: _____ Fed ID#: _____ - _____

Or
Soc Sec #: _____ - _____ - _____

Shipping Address: _____
(If different)

City/State/ZIP: _____

Requested Credit Limit:

\$ _____

Phone: _____ Fax: _____

Terms: Net 30 DAYS

Type of Business: _____ **E-Mail:** _____

How long in business? _____ Type: ___Non-Profit ___Corporation ___Partnership ___Sole Ownership

If Corporation,
please list officers:

NAME

TITLE

PHONE NO.

If not, list Owner/Manager, or
Person responsible
for business decisions

BANK REFERENCE

Bank Name: _____ Bank Officer: _____

Address: _____ City/State/ZIP: _____

Checking Account #: _____ Phone #: _____ Fax #: _____

BUSINESS CREDIT REFERENCES

COMPANY NAME

CITY/STATE/ZIP

* FAX NUMBER ONLY *

1. _____

2. _____

3. _____

I certify all information on this form is correct, and we fully understand and agree to the credit terms, if extended credit.

Date: _____ Signed: _____ Title: _____

PLEASE FAX COMPLETED APPLICATION TO 1-800-849-0946