



Business Credit Application

Name/Address *REQUIRED IF SUBMITTING FORM CREDIT REFERENCE SHEET

Business Name:		
Billing Address:		
City:	State:	Zip:
Shipping Address:		
City:	State:	Zip:
Phone:	Fax:	
Accounting Contact name:	Email:	
Purchasing Contact name:	Email:	

Company Information*REQUIRED IF SUBMITTING FORM CREDIT REFERENCE SHEET

Date Business established:	Corporation	Partnership	Proprietorship
Federal Tax ID:	State Tax ID:		
Resale #:	Dun & Bradstreet #:		
If Division/Subsidiary, Name of Parent Company:			
Owner / Officers Name	:	Title:	
Address:	City:	State:	Zip: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Loan # Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Contact Name:	Contact Name:	Contact Name:
Credit Card #:	Expiration date:	CVV code:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Date account established:	Date account established:	Date account established:
Account #:	Account #	Account #:

Agreement

I certify that the above information is true and correct to the best of my knowledge. By submitting this application, I give authority to The Vacuum Factory to gather any necessary credit and reference information including verifying bank references on my behalf for the sole purpose of determining credit worthiness. I recognize that by submitting this form for credit approval I agree to maintain my account in accordance to the terms established, and I will remain liable for any collection or interest costs should my account become delinquent. Interest of 2% per month will be charged on all delinquent accounts. No credit account will be opened for purchases of less than \$250 on the initial order. Terms are Net 30 starting from date of invoice, unless otherwise indicated. All payments must be submitted to the remittance address on the invoice. If The Vacuum Factory receives any returned non-sufficient checks that are unpaid for any reason you will be assessed a \$35 fee. If the issue continues your credit may be forfeited. If for any reason the account becomes delinquent, you authorize The Vacuum Factory to charge the credit card supplied. All TERMS, CONDITIONS AND POLICIES set forth by The Vacuum Factory supersede all other conditions or requirements. Any claims arising from invoices must be reported within 5 working days of the date issued.

Signatures

Signature/Title

Date

Name printed

Signature/Title

Date

Name printed

Please submit completed application along with your resale certificate, tax exception forms and any other pertinent documents.

You may submit the application

by: Fax:(877) 437-2631

Email: Kim@thevacuumfactory.com

Mail: Central Vacuum Factory
30 E. 33rd Ave. #50141
Eugene, OR 97405

Please allow 3-7 business days for applications to be processed. We make every attempt to expedite application requests.

Thank you for your interest in our company. We look forward to building a great relationship.

