



Credit Application

1 Mailing Address For Invoices:

COMPANY NAME

ADDRESS

CITY STATE ZIP

PHONE FAX

2 Calif. Sales Tax Resale Number:

3 Federal Tax ID Number:

4 Approximate sales volume latest fiscal year:

5 How many total employees at your company?

6 How Will You Track Orders For Our Services?
 By PURCHASE ORDER By JOB NUMBER

7 Can You Pay Invoices Within 30 Days Of Invoice Date?
 YES NO

8 Do You Usually Pay Invoices On Time?
 YES NO

9 In The Past 10 Years, Has Your Company Filed For Bankruptcy Protection? NO YES (if yes, give details on separate page)

10 Legal Form Of Organization:
 Corporation State of Incorporation: _____
 Partnership
 Proprietorship

11 Bank Information

BANK NAME

PHONE ACCT NO.

12 Company Owners Or Corporate Officers

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

13 Accounts Payable Contact

NAME

PHONE EMAIL

14 Main Vendors Who Give You Credit:

VENDOR NAME

CITY ST

PHONE

CONTACT NAME

VENDOR NAME

CITY ST

PHONE

CONTACT NAME

VENDOR NAME

CITY ST

PHONE

CONTACT NAME

As an authorized representative of the above-named company I understand and agree to abide by the current credit terms of Vectorex Corporation, which are: payment due in 30 days from date of invoice. A 1.5% per month LATE FEE will be added to past due balances. In case of collection by suit or otherwise, purchaser agrees to pay all amounts due and a reasonable sum for attorney and court fees. I authorize Vectorex Corporation to investigate the credit references I have listed on this form. I understand that filling out this form does not guarantee credit from Vectorex.

Authorized Signature _____

Print Name _____ Date _____

Title _____