



Credit Application

Please return completed form via
Email to: vcd@valleycustomdoor.com
Fax to: 920-347-1048

Company Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Accounts Payable: _____
Phone: _____ Email: _____
Other Contact: _____
Phone: _____ Email: _____

Desired Line of Credit: _____

Corporation Partnership Other: _____

Owner/Officer: _____ Phone: _____
Owner/Officer: _____ Phone: _____

Bank Reference

Bank Name: _____
Contact: _____ Phone: _____

Four Trade References (must fill out all information)

Name	Contact	Phone	Fax
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

In signing this application, I certify the foregoing information to be true and correct. I acknowledge that I have the authority to act on behalf of the above named firm. I understand and agree to the terms of sale in that all invoices will be paid within 30 days from the date of invoice and that a service charge of 1-1/2% per month, 18% annually, can be charged on any invoice or partial invoice outstanding after the date due. I further agree to pay reasonable collection and/or attorney fees and court costs in the event of suit to collect monies due. I waive objections to inquiries made by Valley Custom Door to references supplied on this application.

Print Name: _____ Date: _____
Signature: _____

Office Use Only:

References Checked by: _____ Credit Approved By: _____
Reference Results: _____