



### Credit Application

Please return completed form via  
Email to: [vcd@valleycustomdoor.com](mailto:vcd@valleycustomdoor.com)  
Fax to: 920-347-1048

All highlighted areas must be filled out

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Exempt: \_\_\_\_\_ If No: Tax Rate: \_\_\_\_\_  
If yes, please provide Sales Tax Exemption Certificate

Desired Line of Credit: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Company: \_\_\_\_\_ Other: \_\_\_\_\_

Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Bank Reference

Bank Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Four Trade References (must fill out all information)

	Company	Email	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/individual. 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:

Terms: \_\_\_\_\_ Credit Approved By: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_ Credit Refused By: \_\_\_\_\_