



Credit Application

Please return completed form via

Email: vc@valleycustomdoor.com or fax to 920-347-1058

Company or Individual Name: _____

Billing Address: _____ Suite # _____ County: _____

City: _____ State: _____ Zip: _____ Years in Business: _____

Phone: _____ Fax: _____ Cell Phone: _____

Type of Business: Corporation Partnership Other _____

Owner/Officer: _____ Phone: _____

Owner/Officer: _____ Phone: _____

Owner/Officer: _____ Phone: _____

Accounts Payable Contact: _____ Phone: _____

Email: _____ Fax: _____

Receipt of Invoice and Statement Preference: Email: _____

Standard Mail

Tax Exempt: Yes No

If Yes, Sales Tax Exemption Certificate must be provided. If No, Tax Rate: _____

BANK REFERENCES:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

TRADE REFERENCES: (please use trade references that have extended credit to your business)

BUSINESS NAME	CONTACT PERSON	PHONE #	EMAIL (REQUIRED)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Credit Limit Requested: _____

In signing this application, I certify the foregoing information to be true and correct and acknowledge that I have the authority to act on behalf of the above-named firm or individual. I understand and agree to the terms of sales in that all invoices will be paid within 30 days of sale, and that a service charge of 1 ½% per month, a maximum of 18% annually, can be made on any invoice or partial invoice still outstanding after the due date. I further agree to pay reasonable collection and/or attorney's fees and court costs in the event of suit to effect collections of monies due. I waive objections to inquires made by Valley Custom Door of references supplied on this application.

Signed By: _____ Date: _____

For Office Use Only:	
References Checked By: _____	Credit Approved By: _____
Reference Results: _____	Credit Refused By: _____
Sales Rep: _____	Date Approved/Refused: _____