



CREDIT APPLICATION Fax to: 760-480-0211 or email LTodd@vitproducts.com

Distributors must have a Walk-up sales counter.
Please note that VIT Products sells only to distributors and cannot sell to contractors, architects, or construction companies, etc.

Firm Name _____ Date Established _____

Dbas _____ Federal Tax ID _____

Type of Business _____

Incorporated? Yes ___ No ___ What state? _____ License # _____

BILLING ADDRESS _____

City / State / Zip _____

Business Address (if different) _____

City / State / Zip _____

Payables Contact _____ Phone (_____) _____

Email: _____ Fax (_____) _____

Email Invoices? Yes ___ No ___ Email: _____

Buyer Contact _____ Phone (_____) _____

Email: _____ Fax (_____) _____

PO Required? ___ Credit Requested \$ _____ No. of employees _____ Annual Sales _____

Mortgage Holder / Landlord _____ Phone (_____) _____

Address _____

OWNERSHIP Sole Proprietor Partnership Corporation

Principal _____ Title _____ SSN _____

Address _____

Principal _____ Title _____ SSN _____

Address _____

Principal _____ Title _____ SSN _____

Address _____

Principal _____ Title _____ SSN _____

Address _____

- Please send a list of all branches including phone, fax and contacts.
- Sales Tax must be charged until receipt of resale card



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Firm Name _____

Bank Name _____ Contact _____

Address _____ Phone (____) _____

Checking Acct # _____ Savings Acct # _____

Trade Reference _____ Account # _____

Phone (____) _____ Fax (____) _____ E: _____

Address _____

Trade Reference _____ Account # _____

Phone (____) _____ Fax (____) _____ E: _____

Address _____

Trade Reference _____ Account # _____

Phone (____) _____ Fax (____) _____ E: _____

Address _____

Applicant understands and agrees that all invoices are due and payable according to V.I.T. Products, Inc. terms. Signor agrees to pay service charge of 1.5% (18% annual) on all past due accounts. Applicant understands that V.I.T. Products reserves title to all goods until paid in full. If 3rd parties are employed to collect a debt by said business, the undersigned agrees to pay reasonable collection costs including attorney fees and costs of litigation. I/We represent that I/We have the authority to execute this agreement on behalf of the business identified and agree to pay according to the terms stated above.

I/We grant permission to VIT Products to collect trade references from the list of creditors provided.

Signature _____ Title _____

PERSONAL GUARANTY BY CORPORATE OFFICER

In consideration of VIT Products extending credit to said business identified below for any materials and services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to VIT Products Inc by the business identified below whether said sums are due under open account, contract or otherwise.

Name (please print) _____ Home Phone (____) _____

Home Address _____

Driver's License No. _____ S.S. Number _____

Name of Business whose account is guaranteed _____

Signature _____ Date _____