



PO Box 92414  
 Rochester, NY 14692  
 Phone: 1-800-899-9855  
 Fax: 1-888-411-0343  
 sales@vadcon.com  
 www.vadcon.com

## Governmental & Educational Application for Net 30 Terms

### ENTITY INFORMATION

FIRM NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
ENTITY WEBSITE ADDRESS			
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS TAXABLE <input type="checkbox"/> ITEMS EXEMPT	FEDERAL TAX ID#	NUMBER OF EMPLOYEES	

### TYPE OF ENTITY

IF GOVERNMENT <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL <input type="checkbox"/> OTHER (SPECIFY)	YEAR ESTABLISHED
IF EDUCATIONAL <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> COLLEGE (ACCREDITED) <input type="checkbox"/> UNIVERISTY <input type="checkbox"/> OTHER (SPECIFY)	

### CONTACT PERSON

NAME	TITLE
TELEPHONE	EMAIL ADDRESS

### ACCOUNTS PAYABLE DEPARTMENT

PERSON OF CONTACT	TELEPHONE		
EMAIL ADDRESS	FAX		
ADDRESS	CITY	STATE	ZIP

### IF DIVISION/SUBSIDIARY, PARENT ENTITY INFORMATION

FIRM NAME	TELEPHONE		
ADDRESS	CITY	STATE	ZIP

I hereby certify that I am authorized to represent the entity listed above. I certify the information, as presented on this form, is true and complete as presented to VADCON in order to establish an open account with **NET 30 DAYS terms**. In consideration of, and in order to induce VADCON to establish open account **NET 30** terms based on this application, the represented entity promises to pay for all purchases in accordance with VADCON's terms of sale.

In the event it becomes necessary for VADCON to incur collection costs or institute suit to collect any amount due under this agreement, the applying entity promises to pay such additional costs, charges, expenses, including reasonable attorney fees if the account is placed in the hands of attorney for collection.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Signature \_\_\_\_\_

Date \_\_\_\_\_