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 www.vadcon.com

## Application for Net 30 Terms

### BUSINESS INFORMATION (Required)

COMPANY NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
TYPE OF OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER		YEAR ESTABLISHED	
FEDERAL TAX ID#	D&B #	NUMBER OF EMPLOYEES	
TAX STATUS OF PURCHASES <input type="checkbox"/> ITEMS TAXABLE <input type="checkbox"/> ITEMS EXEMPT	WEBSITE ADDRESS		

### CONTACT PERSON (Required)

NAME	TELEPHONE
TITLE	EMAIL ADDRESS

### ACCOUNTS PAYABLE INFORMATION (Required)

PERSON OF CONTACT	TELEPHONE
EMAIL ADDRESS	FAX

### HOW INVOICES ARE TO BE SUBMITTED FOR PAYMENT (Required)

<input type="checkbox"/> EMAIL	EMAIL ADDRESS		
<input type="checkbox"/> WEBSITE	WEBSITE ADDRESS		
<input type="checkbox"/> POSTAL MAIL	ADDRESS		
	CITY	STATE	ZIP

### CREDIT/TRADE REFERENCES (Required - Separate Attachment Accepted)

COMPANY NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
COMPANY 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 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 \_\_\_\_\_

**Please forward by email or fax this application along with any attachments noting additional credit and/or bank references.**