



1000 N. Greenville Avenue
 Richardson, Texas 75081
 Phone: 888-557-8368
 Fax: 972-231-0663
 www.vahdistributing.com
 sales@vahdistributing.com

Confidential Credit Application

DATE:

Company Information

Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
P.O. Box:	<input type="text"/>	Zip Code: <input type="text"/>	
Phone Number:	<input type="text"/>	Fax Number: <input type="text"/>	<input type="text"/>
Email:	<input type="text"/>		
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Kind of Business:	<input type="text"/>	Date Est: <input type="text"/>	Years At Present Location: <input type="text"/>
Purchases Taxable:	<input type="radio"/> Yes <input type="radio"/> No (If no, attach exemption certificate)		
Purchase Orders Required:	<input type="radio"/> Yes <input type="radio"/> No Financial Statement Attached: <input type="radio"/> Yes <input type="radio"/> No		
D&B Number:	<input type="text"/>		

Bank Information

Name:	<input type="text"/>	Account Type:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Name:	<input type="text"/>	Phone Number: <input type="text"/>	Fax Number: <input type="text"/>

Trade References

Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Name:	<input type="text"/>	Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
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City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
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Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Name:	<input type="text"/>	Phone Number: <input type="text"/>	Fax Number: <input type="text"/>

 Name (print or type) Signature

 Title

FORM SUBMITTAL

via Fax: 972-231-0663
 via Mail: Credit Manager
 Vent-A-Hood Company, Ltd.
 P.O. Box 830426
 Richardson, TX 75083-0426
 via E-Mail: sales@ventahood.com