



### Vita-Crete Credit Application

12 South Free Street  
Building # 4  
Milford, MA 01757  
Tel: (508) 473-1799  
Fax: (508) 473-1788

Date: \_\_\_\_\_ Federal/Tax ID # \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Owners Name: \_\_\_\_\_ SS# \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### BANK ACCOUNTS

Bank: \_\_\_\_\_ Tel# \_\_\_\_\_

Address: \_\_\_\_\_

Acct. #'s \_\_\_\_\_

#### TRADE REFERENCES

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Tel # \_\_\_\_\_ Tel # \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

In consideration for credit which may be granted by Vita-Crete, it is agreed that payments shall be due and payable in accordance with the terms shown on our invoice(s). I/we certify that everything stated on this application is true and correct. Applicant authorizes Vita-Crete to obtain a written or oral credit report from any credit reporting agency, now and periodically in the future. Applicant further authorizes any bank or commercial business with whom the Applicant has done business to provide information to Vita-Crete to assist in the credit investigation. In the event of a default in payment of applicant's account, Vita-Crete shall be entitled to all costs incurred to include but not be limited to attorney/collection fees, interest as allowed by law. I/we sign this credit application and agreement on behalf of the Applicant.

Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_