

## **CREDIT APPLICATION FORM**

Please complete this form in its entirety and return to Veris Industries Accounts Receivable via email to <u>Elizabeth.Winson@veris.com</u>. Please call 800-354-8556 if you need assistance

BUSINESS INFO	ORMATION				
Company Name	·	D-U-N-S #: _	D-U-N-S #:		
Type of Busines:	s: Corporation So	le Proprietor Partnership _	Other (LLC, LLP)		
Tax Exemption I	D #: (if applicable)				
(Please provide	supporting document	ation to keep on file)			
Billing Address:_		City/State:			
Zip Code:		Country:	Country:		
Phone:		Fax:			
Email:					
A/P Contact Nan	ne:				
			A/P Fax:		
A/P Email:					
Please list busin	ess owners, partners, an	nd/or corporate officers.			
Name	Title	Address	Phone		
REFERENCES					
Please list three	trade references.				
1) Name: _		Company Name:			
Address:Phone:			Zip Code:		
		Fax:			



## REFERENCES CONT.

2)	Name:	Company Name:		
	Address:	City/State:	Zip Code:	
	Phone:	_ Fax:		
3)	Name:	Company Name:		
	Address:	_ City/State:	Zip Code:	
	Phone:	_ Fax:		
be co	eive its costs and attorney fees (including of governed by Oregon law, excluding principurts and agrees that such courts shall have unty, Oregon.	les of conflict of law. Buyer c	onsents to the jurisdiction of Oregon	
Sig	gnature:	Title:	Date:	
Pe				
is ι caι	rsonal Guarantee: The undersigned agrees unlimited and shall continue in full force and neellation will continue to be the obligation of edit terms or conditions without specific notifi	d effect until cancelled in writing the debtor. Veris Industrie	ng. Any debt incurred prior to	

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