



APPLICATION FOR CREDIT



Company Registered Name: _____

DBA (Doing Business As): _____

Address: _____ Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel: () _____ Fax: _____ Email: _____

State Tax # _____ Federal EIN # _____

Year Established: _____ SIC #: _____ D & B #: _____

AP Contact: _____ Phone: _____ Fax: _____

AP Email: _____

The following information will be held in the strictest confidence.

Ownership: Corporation Partnership Sole Proprietorship

Finance: Bank Name: _____ Branch: _____

Trade References:

1. _____
FAX: _____

2. _____
FAX: _____

3. _____
FAX: _____

4. _____
FAX: _____

5. _____
FAX: _____

6. _____
FAX: _____

7. _____
FAX: _____

8. _____
FAX: _____

Amount Requesting: \$ _____

Date: _____

Signature: _____

Title: _____

pmullins@vitraccoatamerica.com

2807 Marina Drive

Elkhart, IN 46514

P: 574-264-6090 F: 574-264-2776



Credit Agreement

Has the firm or any of its principles ever been Bankrupt? Yes____ No____

If Yes, explain _____

Any misrepresentation in this Agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed upon. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees. Whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)

_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)

pmullins@vitraccoatamerica.com
2807 Marina Drive
Elkhart, IN 46514
P: 574-264-6090 F:574-264-2776



CREDIT RELEASE AUTHORIZATION

For the purpose of obtaining merchandise on credit,

I authorize

Your Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Account Number _____

To release credit information to:

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this agreement and authorizes and releases all banks, businesses and persons identified on this agreement to furnish any and all information requested by

VITRACOAT AMERICA, INC. or its representative, by telephone or written correspondence.

Represented by _____

The undersigned warrants that the information is true and correct.

As an inducement to grant credit, the undersigned agrees to VITRACOAT AMERICA, INC. the right to obtain the credit history of the undersigned and authorizes the release of such information by signature here.

Signature _____ Printed Name _____

Title _____ Date _____

Signature _____ Printed Name _____

Title _____ Date _____

pmullins@vitracoatamerica.com

P: 574-264-6090 F: 574-264-2776



Vitracoat America, Inc.



Authorization Agreement for ACH CREDIT payments

This enrollment form is used to establish an automated electronic funds transfer payment of goods purchased in Vitracoat America Inc., Bank account.

Company Name: _____

Address: _____

Contact Name: _____

Phone #: _____

E-mail Address: _____

We acknowledge that the origination of the ACH transaction to our account must apply with the provisions of the U.S. Law.

Depository (Bank) Name: 1st Source Bank

City: PO Box 1602 State: IN Zip 46634

Transit/ABA Routing # (9 digit number required): 071212128

Account #: 1415504

Signature of Applicant : _____

Title: _____

pmullins@vitracoatamerica.com

P: 574-264-6090 F: 574-264-2776