

THIS DOCUMENT MUST BE ENTIRELY COMPLETED OR THE APPLICATION WILL NOT BE PROCESSED. YOU MAY **NOT** USE YOUR OWN CREDIT INFORMATION SHEET IN LIEU OF THIS CREDIT APPLICATION. THIS APPLICATION ALSO SERVES AS A CONTRACTUAL AGREEMENT REGARDING INVOICE PAYMENT AND COLLECTION OF PAST DUE INVOICES

Voigt Global Distribution Inc.

serving the global community®

PO Box 1130

Lawrence, Kansas 66604-8130 United States of America
 Call Toll Free: 1-877-484-3552 Fax Toll Free: 1-877-484-3554

Credit Application

Company Name/DBA (If Different Than Company Name)			Phone No.
Billing Address			Fax No.
City	State	Zip Code	
Shipping Address			Zip Code
City	State	Zip Code	
Type of Business	Division / Subsidiary of	Years Business Established	
Please Check One:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Dun & Bradstreet Number (REQUIRED OR YOUR APPLICATION WILL BE DENIED)			Initial Order Value
<input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt – Attach Resale / Exemption Certificate For Each Ship To Location			
Owners, Principal Officers of Firm			
Name	Title	Name	Title
Name	Title	Name	Title
Trade References (List Below or Attach Sheet)			
Name	Address	City / State / Zip Code	Phone: Fax:
Name	Address	City / State / Zip Code	Phone: Fax:
Name	Address	City / State / Zip Code	Phone: Fax:
Bank Reference			
Name	Address	City / State / Zip Code	Phone: Fax:
Officer Contact	Account No.		

By affixing their signatures, the undersigned (or if a Corporation, the Corporate Officer / Agent) agrees:

1. The above information is accurate;
2. To pay all Voigt Global Distribution Inc. invoices when due
3. To pay all collection, court and attorney fees in the event of non-payment (defined as 60 days past due date)
4. To authorize Voigt Global Distribution Inc. to obtain any information necessary to process our credit application including, but not limited to, information regarding savings, deposit checking, and outstanding credit accounts.

Print Name _____ Signature _____ Title _____ Date _____

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