

VERSARE

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Email: sales@versare.com

Phone: 1-800-830-0210

Fax: 1-800-830-4874

BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Contact name		Tax ID	
Contact Title		<input type="checkbox"/> Sole proprietorship	
Phone		<input type="checkbox"/> Partnership	
Fax		<input type="checkbox"/> Corporation	
Email		<input type="checkbox"/> Other	

CREDIT, BANKING & BILLING INFORMATION

Primary business address		Primary Billing Address	
City, State ZIP Code		City, State, Zip	
Phone		Billing contact	
Fax		Phone	
Email/Website		Fax	
How long at current address		AP Email	
Bank Name		Bank Address	
Account number:		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Versare Solutions, LLC. to make inquiries into the banking and business/trade references that you have supplied.
4. Any invoices unpaid after 60 days will be forwarded to collections. Should you allow your account to go to collections, all applicable discounts will be removed and a 25% price increase will apply to cover collection costs.
5. All orders are subject to payment in US dollars.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	