



## Reseller Customer Credit Application

Individual division terms and conditions may apply.

VCOM Division Applying Credit for (Check one):  HamiltonBuhl  Comprehensive  RLE  Gallery  Buhl Electric

Name of Company \_\_\_\_\_

Billing/Mailing Address:

Street \_\_\_\_\_

Street \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Website \_\_\_\_\_

Shipping Address (if different from Billing):

Street \_\_\_\_\_

Street \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

### Contacts

#### Name

#### Email

#### Phone #

Purchasing Manager \_\_\_\_\_

Customer Service Manager \_\_\_\_\_

Accounts Payable Manager \_\_\_\_\_

Controller \_\_\_\_\_

### Trade References – Name and Address of Four Major Suppliers (All Fields Required)

1. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

4. Company Name \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bank Reference

Principal Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Line of Credit \$ Availability \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Amount Drawn \_\_\_\_\_

### Additional Information

Payment Methods Available (Check, ACH, Wire) \_\_\_\_\_

Dun & Bradstreet Number \_\_\_\_\_

Estimated Annual Purchase \$ Amount \_\_\_\_\_

Sales Tax Resale Number (Please fax certificate) \_\_\_\_\_

Name of Parent Co. (if applicable) \_\_\_\_\_

Credit Limit Requested (\$) \_\_\_\_\_

Please provide tax exemption forms for the following states if we will be shipping to: **AL, CA, IN, NC, NJ, NY, OH, TX & VT. If no exemption is on file, we are obligated to charge and collect sales tax in these states.**

Please note: Customer payment terms to be determined by VCOM Credit Team and subject to change as needed.

Return Completed Credit Application to: AR@VCOMIMC.com • Fax: (973) 909-9958.

Questions: Contact Credit Manager – Charles Novak (201) 329-9800 x1050