

VERATEX
CONFIDENTIAL CREDIT APPLICATION

INCORPORATED

Date: _____

APPLICANT INFORMATION

Business Name: _____ Trade Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
The legal form for our business is a ... Corporation _____ Partnership _____
Proprietorship _____
Fiscal year end: _____ Federal ID#: _____ DUNS#: _____
Annual Sales: _____ If Incorporated, what state: _____
Number of employees: _____ Comments: _____

NAME OF PRINCIPALS

Name: _____ Title: _____
NAME: _____ Title: _____
Name: _____ Title: _____

TRADE REFERENCES (LIST AT LEAST THREE MAJOR SUPPLIERS)

Name of reference: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____ Fax#: _____ Person to Contact: _____

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Street Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____ Fax#: _____ Person to Contact: _____

BANK REFERENCE

Name of bank: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone# _____ Fax#: _____ Loan Officer: _____
Checking acct.#: _____ Loan acct.#: _____ Savings acct.#: _____

Please attach a copy of your latest audited financial statements and return with this application to:
Veratex Inc.

Phone number 212-683-9300
Fax number 212-889-5573

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the terms specified on our purchase orders and invoices:

Signature: _____
Print name: _____
Title: _____ Date: _____