

V E R A T E X      I N C O R P O R A T E D  
CONFIDENTIAL CREDIT APPLICATION

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: \_\_\_\_\_

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

Name of reference: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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Name of reference: \_\_\_\_\_  
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: \_\_\_\_\_