

**VetDC, Inc., 320 E. Vine Drive #218, Fort Collins, CO 80524**

**Email to: orders@vet-dc.com**

**CREDIT APPLICATION**

Legal Business Name	Trade Name-DBA	Phone # _____ Fax # _____
Billing Address	City	State _____ Zip Code _____
Shipping Address	City	State _____ Zip Code _____

A/P Contact \_\_\_\_\_ A/P Email \_\_\_\_\_

A/P Phone \_\_\_\_\_

Business Is a: ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietorship

Year Started \_\_\_\_\_ State of Inc. \_\_\_\_\_ Federal I.D.#: \_\_\_\_\_

Web Site Address: \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Are you a: ☐ Subsidiary ☐ Division

Parent Company Name: \_\_\_\_\_ Address \_\_\_\_\_

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

**Bank References**

Name	Contact Name	Phone No
Street Address	City, State, zip Code	Date Opened

Type of Account \_\_\_\_\_ Checking No \_\_\_\_\_ Saving No \_\_\_\_\_ Loan No \_\_\_\_\_

**Trade References (Major Suppliers)**

1. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.
2. Name	Contact Name	Phone No.
Street address	City, State, Zip Code	Account No.
3. Name	Contact Name	Phone No.
Street Address	City, State, Zip Code	Account No.

You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this Application. If credit is extended, you agree to be bound by all of the terms and conditions on Vendor's invoices and posted on Vendor's website including payment within thirty days of invoice date, payment of collection costs and 1-1/2% per month late charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title