

## **CREDIT APPLICATION FORM**

Please complete this form in its entirety and return to Veris Industries Accounts Receivable via email to <a href="mailto:accounts.receivable@veris.com">accounts.receivable@veris.com</a>. Please call 800-354-8556 if you need assistance

BUSINESS INF	ORMATION					
Company Name:			D-U-N-S #:			
Type of Business: Corporation Sole Proprietor _			_ Partnership _	Other (LLC,	LLP)	
Γax Exemption	ID #: (if applicable)					
Please provid	e supporting docu	mentation to keep	on file)			
Billing Address:			City/State: _			
Zip Code:			Country:			
Phone:			Fax:			
Email:						
VP Contact Na	me:					
A/P Phone:			A/P Fax:	A/P Fax:		
√P Email:						
Please list busir	ness owners, partne	ers, and/or corporate	e officers.			
Name	Title	Add	dress	I	Phone	
REFERENCES						
	e trade references.					
Please list three	e trade references.	Comp	pany Name:			
1) Name:					o Code:	



## REFERENCES CONT.

2)	Name:	Company Name:		
	Address:	City/State:	_ Zip Code:	
	Phone:	Fax:		
3)	Name:	Company Name:		
	Address:	City/State:	_ Zip Code:	
	Phone:	Fax:		
rec be cou Cou	s or attorney fees if legal action must be take eive its costs and attorney fees (including co governed by Oregon law, excluding principle irts and agrees that such courts shall have punty, Oregon.  nature:	sts and fees incurred at trial or on a s of conflict of law. Buyer consents	ppeal). All legal rights shall to the jurisdiction of Oregon ue shall be in Multnomah	
is u car	rsonal Guarantee: The undersigned agrees to inlimited and shall continue in full force and excellation will continue to be the obligation of dit terms or conditions without specific notific	effect until cancelled in writing. Any the debtor. Veris Industries may m	debt incurred prior to	

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