

1. NAME/ADDRESS

Name _____
Title _____
Organization _____
Address _____
City _____ State ____ Zip _____
Phone _____ - _____ - _____

2. COMPANY INFORMATION

Institution Type:

Corporation

Partnership

Proprietorship

Other _____

Date Established _____

FEIN Number (Please attach copy) _____

Tax Exempt Number (Please attach copy) _____

3. VENDOR REFERENCES

Company Name _____	Company Name _____
Contact Name _____	Contact Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone _____ - _____ - _____ FAX _____ - _____ - _____	Phone _____ - _____ - _____ FAX _____ - _____ - _____
Account Opened _____	Account Opened _____

Company Name _____
Contact Name _____
Address _____
City _____ State ____ Zip _____
Phone _____ - _____ - _____ FAX _____ - _____ - _____
Account Opened _____

4. I declare that the above information is true, correct and complete and is given to induce Vernon to extend credit. I authorize Vernon to execute credit investigations as they see fit, including contacting the above vendor references. I authorize all vendors to disclose to Vernon any and all information concerning the financial and credit history of my company.

Authorized Signature: _____ **Title:** _____

Printed Name: _____