

Documents required to complete application package:

- Client Information New Account Credit Application
 Certificate of Resale Opening Order

Email or fax completed documents package.
 email: Info@vaxcel.com Fax: 630-682-8850

NEW ACCOUNT CREDIT APPLICATION

All applications must include a minimum opening order. All companies will be subject to a D&B credit report, and depending on the outcome references may also be checked. Customer credit limits will be reviewed periodically and adjusted, if necessary, based on order volume, payment experience and other available resources. After periods of inactivity, customers may be asked to reapply for credit.

COMPANY INFORMATION	BUSINESS LEGAL NAME		DBA - (if applicable)		
	ADDRESS		CITY	STATE	ZIP CODE
	PHONE	FAX	EMAIL	WEBSITE	
	RESALE # - (Provide a copy of Certificate of Resale)		FEDERAL TAX ID#	D.U.N.S.H. - (D&B 1-888-347-0475)	
	SALES CHANNEL - (Mark both if applicable) <input type="checkbox"/> SHOWROOM <input type="checkbox"/> ONLINE				

TRADE REFERENCES	TRADE REFERENCE - COMPANY 1#		PHONE#	FAX#	
	ADDRESS		CITY	STATE	ZIP CODE
	TRADE REFERENCE - COMPANY 2#		PHONE#	FAX#	
	ADDRESS		CITY	STATE	ZIP CODE
	TRADE REFERENCE - COMPANY 3#		PHONE#	FAX#	
	ADDRESS		CITY	STATE	ZIP CODE

BANKING INFORMATION	BANK NAME		BRANCH NAME		
	BANK OFFICER / CONTACT		PHONE#		
	ADDRESS		CITY	STATE	ZIP CODE
	ACCOUNT TYPE		ACCOUNT#		

TERMS AND CONDITIONS : Please refer to our Terms and Conditions of Sale located on the back of our current price lists

SIGNATURE	ACCEPTANCE AND APPROVAL : By signing this application you certify the information provided is true and accurate to the best of your knowledge. You indicate your acceptance of the terms and conditions as stated. In addition, you authorize Vaxcel International Ltd to make any and all inquiries necessary to process this credit application.			
	SIGNATURE		TITLE	DATE