



NEW ACCOUNT CREDIT APPLICATION

Applicant trade name: _____

Trade location: _____ Billing Address: _____

Phone# _____ Fax# _____

E-mail _____ Website _____

Type of business: () Stocking () Non-stocking

Certificate of registration#: _____ Federal Tax ID#: _____

If you would like to receive purchase order confirmations please indicate desired method below.
 Email Fax None

TRADE REFERENCES

Please submit at least four trade references, including fax number and account number, with application.

BANKING REFERENCE

Bank Name: _____

Account#: _____ Type: _____

Address: _____

City _____ State _____ Zip _____

RESELL AGREEMENT AND CERTIFICATE

Please submit the Certificate of Resale for your business and sign the following agreement.

Resell Agreement

We hereby certify that all of the goods we have purchased and which we will purchase from Vaxcel will be resold and are not for personal use. This agreement shall be considered a part of each order that we have placed with you and which we may hereafter give you, unless otherwise specified, and shall be valid until revoked by us in writing.

Signature of Purchaser

Date

Print

How did you hear about us?

Advertising (Circle One): Residential Lighting Accessory Merchandising

Sales Rep: _____ Other: _____

Retailer: _____