



Credit Application

Confidential

Company Information:

Company Name: _____ DBA Name: _____

Bill To Address: _____ Ship To Address: _____

City: _____ State: ____ Zip Code: _____ City: _____ State: ____ Zip Code: _____

Phone #: _____ Ext. #: _____ Phone #: _____ Ext. #: _____

Fax #: _____ Fax #: _____

Email: _____ Email: _____

Business and Credit Information:

Years in Business: _____ Number of Employees: _____ Type of Business: _____

Corporation _____ Sub S Corp ____ C-Corp ____ Partnership ____ Sole Proprietorship ____ Officers _____

Officers of the Company:

Name: _____ Title: _____

Name: _____ Title: _____

Accounting:

Accounts Payable Name: _____ A/P Phone #: _____

AP Fax #: _____ A/P Email: _____

Bank Reference:

Bank Name: _____ Bank Address: _____

Bank Phone #: _____ Bank Fax #: _____

Bank Contact Name: _____ Bank Acct #: _____



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Trade References:

Company Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone #: _____ Ext. #: _____

Fax #: _____

Email: _____

Company Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone #: _____ Ext. #: _____

Fax #: _____

Email: _____

Company Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone #: _____ Ext. #: _____

Fax #: _____

Email: _____

Company Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone #: _____ Ext. #: _____

Fax #: _____

Email: _____

By submitting this application, you authorize Valriya to make inquiries into the banking, business and trade references that you have supplied in obtaining a credit review and is warranted to be true.

I/We hereby authorize Valriya to investigate the references cited, pertaining to my/our credit and financial responsibility.

I further agree to pay to the terms cited on each Valriya invoice presented.

Signature of Authorized Company Officer: _____

Title: _____

Date: _____