



## Credit Terms Application

**Firm Name**

\_\_\_\_\_

**Accounts Payable Contact Name**

\_\_\_\_\_

**Accounts Payable Contact Number**

\_\_\_\_\_

**Billing Address**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping Address (If Different)**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Type of Ownership**

Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship / Individual \_\_\_\_

Amount of Credit Line Requested \_\_\_\_\_

Terms Requested:    Net10    Net15    Net30

**Names of Principals and Titles**

Title

SSN

Principle Name \_\_\_\_\_

Principle Name \_\_\_\_\_

Principle Name \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Type    Checking \_\_\_\_\_    Savings \_\_\_\_\_    Loan \_\_\_\_\_

**Trade References (3 Major Suppliers)**

Company Name \_\_\_\_\_

Fax \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Fax \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Fax \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Purchase Order Requirements**

If PO's are required please indicate whether a verbal PO is acceptable to your Accounts Payable department, or if a hardcopy PO is required at billing.

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**Completed By**\_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Fax this form, signed and completed, to **(719) 528-5598**.

You may also mail this document;

Voelker Research  
Attn: Accounting Department  
5026 North Academy Blvd  
Colorado Springs, CO 80918

If you have questions please contact the Voelker Research Accounting Dept at (719) 528-5596