



VTL ONLINE.
CONFIDENTIAL CREDIT APPLICATION
 (This form must be completed in full in order to be processed)

Legal Trading Name: _____
 And Or Operating As _____
 Business Location: _____
 Postal Code: _____ Importer Number: _____
 Telephone Number: _____ Fax Number: _____
 Length of Time in Business: _____ Type of Business: _____
 Bank: _____ Account No: _____
 Bank Address: _____ Postal Code: _____
 Telephone No: _____ Fax Number: _____

CREDIT REFERENCES

NAME	ADDRESS	PHONE NUMBER
	VTLCreditAPP.jpg	

Person Responsible for A/P: _____ email: _____
 Phone: _____ Fax: _____
 Required Credit Limit: _____

NAME AND ADDRESS OF OWNER(S) OFFICER(S)

NAME	TITLE	ADDRESS	PHONE

In the event that credit information cannot be obtained through normal channels, the undersigned authorizes VTL ONLINE to contact their financial institution and hereby authorize them to release the information required to establish the necessary credit.
 The undersigned covenants and agrees to pay to VTL ONLINE interest on any overdue amounts outstanding at the rate of twenty-four (24%) per annum.
 The undersigned shall pay all costs incurred by VTL ONLINE in the collection of monies owing.
 The undersigned agrees to all terms and conditions as set forth on the reverse side of the VTL ONLINE standard bill of lading.
 I/We hereby consent to the aforementioned being made or, being caused to be made, by VTL ONLINE in connection with my application or my continuing credit.

VTL ONLINE is a reporting member to EQUIFAX CANADA.



Date: _____ Name (Please Print): _____
 Company: _____ Title: _____

SIGNATURE _____