

VIT, Inc. d/b/a CaP-America CREDIT APPLICATION

Company Legal Name:

D/B/A (If applicable):

Address:

City:

State:

Zip:

Bank Info	Bank Name: Address: City: State: Zip: Account #: -Savings Account #: -Savings -Checking -Checking Bank Contact: Title: Contact Phone # Contact Fax #
------------------	--

Trade References	Company Name: Contact: Address: City: State: Zip: Account # Phone #: Fax #: Comments::
Company Name: Contact: Address: City: State: Zip: Account # Phone #: Fax #: Comments::	
Company Name: Contact: Address: City: State: Zip: Account # Phone #: Fax #: Comments::	

The undersigned certifies that all information in this credit application is complete, factual, correct and understands that VIT, Inc. will rely on the accuracy of this information for any credit that may be extended. VIT, Inc. Is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application. The undersigned also understands and agrees that VIT, Inc. Has permission to conduct a credit investigation including, but not limited to bank, trade references and credit bureaus.

We understand that invoices not paid within 15 days of the due date are subject to late charges not to exceed 1-1/2% of the past due balance per month as permitted by law. We also agree to attorney fees, collection agency fees and other costs associated with their collection efforts. The agreement shall be governed by the laws of Tennessee.

Authorized Individual - Please Print Signature (or check box below) Title Date

By checking this box, you electronically (in lieu of Signature) agree to the above.

VIT, Inc., 877 Stirrup Drive, Nashville, TN 37221
 615-269-4222 fax 615-269-8495 www.CaP-America.us sales@CaP-America.us

**⇐Print before submitting.
 Form information is not saved!**