

**COMPANY LEGAL NAME:**

D/B/A (If applicable):

Address:

City:

State:

Zip:

Federal ID Number:

Date Established:

Website:

This location is: -Commercial -Residential

Business Type:
(Choose one)

-Corporation

-Sub S Corp

-LLC

-Partnership

-Proprietorship

Nature of Business:
(Check all that apply)

-Store Front

-Webstore

-Mail Order

PRIMARY SHIP TO ADDRESS

-Check if same as above

For Multiple Locations
Please complete Page 2

Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

Send invoices to: -Email -Fax -USPS

PURCHASING CONTACT:**PAYABLES CONTACT:**

Name:

Title:

Phone:

Email:

Fax:

OWNERS or OFFICERS CONTACT INFORMATION:

Name:

Title:

Phone:

Email:

Fax:

PLEASE FORWARD A COPY OF YOUR SALES TAX EXEMPTION FORM

TERMS: Credit, Debit, Paypal or NET 20 Days (Please complete credit application)

Credit Card on file

Payment information will be sent after receipt of invoice.

Other:

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

For Multiple Locations
Please complete Page 2

↩ Print before submitting.
Form information is not saved!

BRANCH LOCATION INFO:☐ -Send Invoices to Primary Location.☐ -Send Invoices to Branch. Send invoices via:☐ -Email☐ -Fax☐ -USPS

1 Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

☐ -Send Invoices to Primary Location.☐ -Send Invoices to Branch. Send invoices via:☐ -Email☐ -Fax☐ -USPS

2 Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

☐ -Send Invoices to Primary Location.☐ -Send Invoices to Branch. Send invoices via:☐ -Email☐ -Fax☐ -USPS

3 Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

☐ -Send Invoices to Primary Location.☐ -Send Invoices to Branch. Send invoices via:☐ -Email☐ -Fax☐ -USPS

4 Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

☐ -Send Invoices to Primary Location.☐ -Send Invoices to Branch. Send invoices via:☐ -Email☐ -Fax☐ -USPS

5 Location Name:

Site Contact:

Phone:

Address:

City:

State:

Zip:

Comments:

⇐Print before submitting.
Form information is not saved!