

VME DISTRIBUTORS

Wholesale Vending Supplies

CUSTOMER ACCOUNT APPLICATION

Applicant requests an account from VME for the purchase of products. The following information is to be provided to induce VME to open an account, for the purpose of writing checks.

Applicant: _____

Business Phone: () _____ Fax Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____ Years in Business: _____

Federal Tax No: _____ Resale No: _____

Corporation: _____ State: _____

Individual: _____

Type of Business: Full Line Vending ___ Mobile Catering ___ Honor Box ___ Distributors ___

OFFICE-OWNERS-PARTNERS

Name: _____ Position: _____

Home Address _____

City: _____ State _____ Zip Code _____

Telephone: () _____ Social Security No: _____ - _____ - _____

Name: _____ Position: _____

Home Address _____

City: _____ State _____ Zip Code _____

Telephone: () _____ Social Security No: _____ - _____ - _____

SHIP TO LOCATIONS & OTHER PLACES OF BUSINESS

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code _____

6010 N. Bailey Ave. Suite 5, Amherst Development Park, Amherst, NY 14226

Tele: 716 .835 .1276, FAX: 716.835.1275

VME DISTRIBUTORS

Wholesale Vending Supplies

TRADE REFERENCE

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

BANK REFERENCE

Bank Name: _____ Telephone: _____
Branch: _____ Address: _____
Account No.: _____ Type of Account: _____

Bank Name: _____ Telephone: _____
Branch: _____ Address: _____
Account No.: _____ Type of Account: _____

Applicant represents the information herein to be true and correct as of the date of applicants' signature on this document. In consideration for the extension of credit, applicant agrees to pay interest at the rate of 18% per annum on all invoices that are more than 20 days past due. Applicant further agrees to pay court costs and attorney's fee in the event that collection efforts become necessary. Applicant further agrees to pay a \$25.00 fee for all returned checks. Applicant further agrees to abide by the terms provided and hereby authorized VME to contact the above reference and any other parties in order to determine the accuracy of the above information and to access the credit worthiness of the applicant now or in the future.

Applicant Name: _____ Date: _____

Signature: _____ Title: _____

PERSONAL GUARANTEE

In consideration for extending credit to the applicant, I/We hereby agree to provide an irrevocable and continuing guarantee of applicant's indebtedness to VME. I/We agree that this continuing guarantee shall not be affected by the applicant's filing of bankruptcy or the marketing of an assignment for the benefit of creditors. I/We here waive notice of default or non-payment and agree to abide by all the current and future standard credit terms and conditions.

Signature: _____ Date: _____

Signature: _____ Date: _____

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