

VEXOR BILLING AND CREDIT INFORMATION REQUEST FORM

Legal Business Name: _____

Doing Business As: _____

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

Bill To Address (If Different): _____ City: _____ State: _____ Zip Code: _____

PO Required _____ PO Number _____ Federal ID #: _____

E-Mail Address for Receiving Invoices: _____

Accounts Payable Contact _____ Phone: _____ Email: _____

Special Billing Instructions or Requirements: _____

CREDIT INFORMATION

Bank Name: _____ Bank Contact: _____

Bank Contact Phone: _____ Bank Contact E-Mail: _____

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

Type of Business: Sole Proprietorship Partnership Corporation Other _____

Has the business or any of its principals ever filed bankruptcy? _____ (If yes, attach explanation)

TRADE REFERENCES:

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City, State, Zip	City, State, Zip	City, State, Zip
_____	_____	_____
Phone	Phone	Phone
_____	_____	_____
E-Mail Address	E-Mail Address	E-Mail Address

ANTICIPATED MONTHLY BUSINESS with Vexor \$ _____

Initiating Vexor Representative _____

Applicant certifies that all information on this form is correct, and authorizes Vexor Technology, LLC ("Vexor") to obtain written or an oral report from any credit reporting agency. Applicant further authorizes any bank or commercial business to give any and all necessary information to Vexor, which will assist Vexor in its investigation. If credit is extended, applicant agrees to pay all debts incurred with in thirty (30) days. Applicant waives the right to dispute any charges on its account unless Vexor receives a specific written complaint within thirty days from the date of billing. If charges are not paid with in thirty days the account will incur a late charge of 1.5% per month. In the event of default in payment of any amount due, Vexor has the right to offset any amount that would be payable to the applicant (or its affiliated entities) by Vexor against any monies owed to Vexor by applicant. If the account is placed with an agency or attorney for collection or legal action the applicant agrees to pay an additional sum equal to collection costs, attorneys' fees, court costs and all such other costs as may be incurred and permitted under the laws governing these transactions.

Applicant's Name and Title (please print)

Signature

Date