BUSCH GROUP | BUSCH VACUUM SOLUTIONS PFEIFFER VACUUM+FAB SOLUTIONS

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please complete form, print, sign and return via email to: customerservice@vactech.com

BUSINESS CONTACT INFORMATION			
Full name:		**Title:**	
Company name:			
Phone:	**Fax:**	**Email:**	
Registered company address:			
City:		**State:**	**ZIP Code:**
Date business commenced:			
Sole proprietorship: ☐	**Partnership:** ☐	**Corporation:** ☐	**Other:**
A/P Contact:		**A/P Email Address:**	

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	**ZIP Code:**
How long at current address?			
Telephone:	**Fax:**	**Email:**	
Bank name:			
Bank address:		**Phone:**	
City:		**State:**	**ZIP Code:**
Type of account:		**Account number**(s):	
Savings ☐			
Checking ☐			
Other ☐			

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		**State:**	**ZIP Code:**
Phone:	**Fax:**	**Email:**	
Type of account:			
Company name:			
Address:			
City:		**State:**	**ZIP Code:**
Phone:	**Fax:**	**Email:**	
Type of account:			
Company name:			
Address:			
City:		**State:**	**ZIP Code:**
Phone:	**Fax:**	**Email:**	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Busch VAC-TECH, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES	
Name:	Name:
Title:	Title:
Date:	Date:
Signature:	Signature: