



"The Dealer Friendly Distributor"  
**(800) 546-VSSI**  
(8774)

## DEALER APPLICATION

### BUSINESS INFORMATION

COMPANY NAME: _____	D.B.A: _____		
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____		
COMPANY TYPE: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation	CA RESALE #: _____	ISSUE DATE: _____	
DATE OF INCORPORATION OR ESTABLISHMENT: _____	STATE OF INCORPORATION: _____	DUNS #: _____	
ACCOUNTS PAYABLE CONTACT: _____	ACCOUNTS PAYABLE PHONE: _____		

### OWNERS / OFFICERS

FULL NAME: _____	FULL NAME: _____		
HOME ADDRESS: _____	HOME ADDRESS: _____		
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____		
SSN: _____ DATE OF BIRTH: _____	SSN: _____ DATE OF BIRTH: _____		
HOME PHONE: _____	HOME PHONE: _____		

### TERMS OF AGREEMENT

The information contained herein and which may be attached hereto is true and complete, and is provided for the purpose of inducing VSS, Inc. to establish credit for the applicant. The information contained or attached is provided by an authorized individual of the entity applying for the credit with VSS, Inc. VSS is authorized to obtain any additional information it may consider necessary for determination of such credit line. Applicant also agrees to the VSS standard terms of sale of net 30 days from the date of invoice, and agrees to pay a service charge of 1.5% per month or 18% per annum on all past due invoices. Applicant understands that in the event of any default, the undersigned shall be responsible for all costs of collection, damages and expenses including actual attorneys fees and costs, whether or not litigation is commenced. Special factory orders can not be canceled and require a 50% deposit. Returned items are subject to a 25% restocking charge.

**For all open accounts, the credit card authorization form must be completed with the credit application. If your account becomes delinquent, VSS, Inc. has the right to charge the credit card on file for the full outstanding balance.**

**If a check is returned for non-sufficient funds or any other reason other than bank error, you will automatically lose your check approval privilege.**

**All returns are for store credit only. No cash, check, or credit card refunds.**

SIGNATURE: _____	DATE: _____
NAME (print): _____	TITLE: _____

**Please Fax Completed Application to (818) 848-7374**

### BELOW FOR VSS INTERNAL USE ONLY

ACCOUNT NUMBER: _____
AUTHORIZED BY: _____ DATE: _____
NOTES: _____