



Credit Application

www.surfacecreationsvt.com
Ph: 802-264-0575 F: 802-264-0576

Please complete requested information below and email to Invoice@SurfaceCreationsVT.com

Applicant Information

Company Name: _____

Showroom Address: _____
Street Address *Unit #*

City *State* *Zip Code*

Billing Address: _____
(if different) *Street Address* *Unit #*

City *State* *Zip Code*

Billing Email: _____ Phone: _____

Company Officers: _____

Purchasing Agents: _____

Professional References

Bank Name: _____ Contact Name: _____

Email Address: _____ Phone: _____

Branch Location: _____

Please list two trade references.

Company: _____ Customer Since: _____

Contact Name: _____ Phone: _____

Email Address: _____

Company: _____ Customer Since: _____

Contact Name: _____ Phone: _____

Email Address: _____

Disclaimer and Signature

I hereby authorize Surface Creations of Vermont to investigate the references listed above in regards to our credit and financial responsibility. I certify that our company is financially able to meet any commitments we have made and we will pay all invoices according to established terms. I also acknowledge that any invoice not paid within those terms will be subject to finance charges of 1.5% per month.

I have read and understand the above information and certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____