

SALES# \_\_\_\_\_  
CUST# \_\_\_\_\_

# VSC DISTRIBUTION

275 OAK RIDGE RD  
VICKSBURG, MS 39183  
601.636.0922

## CREDIT APPLICATION

COMPANY NAME (APPLICANT) \_\_\_\_\_

DBA (IF DIFFERENT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

DATE ESTABLISHED \_\_\_\_\_

TYPE OF PRODUCTS REQUESTING TO PURCHASE \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ STATE TAX # \_\_\_\_\_

TOBACCO LICENSE # \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED \_\_\_\_\_ CREDIT TERMS \_\_\_\_\_

IS YOUR BUSINESS A: (CHOOSE ONE) CORPORATION \_\_\_\_\_ LIMITED LIABILITY COMPANY \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

IS YOUR BUSINESS TAX EXEMPT? \_\_\_\_\_

NAMES AND TITLES OF ALL PARTNERS, RESIDENTS AGENTS, OR NAME OF SOLE PROPRIETORSHIP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED PURCHASERS \_\_\_\_\_

HAVE YOU EVER HAD CREDIT WITH VSC IN THE PAST? \_\_\_\_\_ UNDER WHAT NAME? \_\_\_\_\_

## BUSINESS OWNER INFORMATION

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

DRIVER LICENSE # / STATE \_\_\_\_\_ SSN # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ STATE OF RESIDENCY \_\_\_\_\_

## TRADE REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

## BANK REFERENCES

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all, information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated and agree with said terms.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

## GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. All bills become payable in full within terms assigned to the account and if not paid in accordance with said terms are considered past due.
2. An interest rate of 1.5% per month will be added to all mounts billed if not paid within terms.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. Personal Gaurantee: If the applicant named above is a corporation, limited liability company, or other entity, or if products are sold on credit pursuant to this application to any other entity, then the individual that signs below on behalf of the said applicant hereby personally and individually guarantees payment of all items purchased on credit by said applicant or entity pursuant to this application.
5. Any entity to which products are sold pursuant to this application and any person who personally guarantees this account as aforesaid hereby agree to pay all amounts due to VSC for products sold pursuant to this credit application and further agrees to pay reasonable attorney fees and expenses incurred by VSC in enforcing its rights of collection, before the beginning of court action or arbitration, at trail or arbitration, and any appeals therefrom, and for any collection efforts thereafter.

Applicant and personal guarantor named below represents that the above information is true and is given induce VSC to extend credit to the applicant. Applicant and personal guarantor authorize VSC to make such credit investigation as VSC sees fit, including contacting the above trade references and banks and obtaining credit reports. Applicant and personal guarantors authorize all trade reference, banks, and credit reporting agencies to disclose to VSC or any of its representatives any and all information concerning the financial and credit history of applicant or personal guarantor.

The undersigned has read the terms and conditions stated above and agrees, personally and individually and on behalf of the applicant named herein, to all of said terms and conditions.

Company Name \_\_\_\_\_

Applicant and Personal Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

COMPANY NAME: \_\_\_\_\_

COMPANY TAX ID \_\_\_\_\_

I (we) hereby authorize VICKSBURG SPECIALTY COMPANY, INC. \_\_\_\_\_, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that the amount for payment noted on our invoice will get drafted within on or around the \_\_\_\_\_ of each month.

DEPOSITORY NAME: \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

SIGNED \_\_\_\_\_

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(STAPLE VOIDED CHECK HERE)