

Thank you for your interest in Versacarry®. Once these forms are filled out please fax them to 979-778-2003, or email them to <u>dealer@versacarry.com</u> to the attention of Garett Sitz.

Versacarry® mailing address:	Versacarry Contact Info	rmation:		
Versacarry	Phone: (855) 278- 9678	e: (855) 278- 9678		
1724 B Gooseneck Drive	Email: <u>dealer@versacar</u>	: dealer@versacarry.com		
Bryan, TX 77808	Website: www.versacari	osite: <u>www.versacarry.com</u>		
Name of Company:				
Shipping Address:				
City:				
Billing Address:				
City:	State:	Zip Code:		
Telephone:	Fax:			
Number of Years in Business:	Corporate Tax I	.D:		
State Sales Tax I.D. Number:	Email:		_	
Does your Company have a resale co	ertificate Yes, No	o, If Yes, #	_	



## **Credit Card on File**

\*Please Note\* these are for our records only. The information is mandatory for all orders sent prior to receiving Credit Terms.

Name of Card Holder:				
Billing Address:				
City:	State:	Zip:		
Shipping Address (If diffe	rent from above):			
City:	State:	Zip:		
Accounts Payable Phone:	( )			
Card Type:	Number:		EXP:	

## \*You MUST attach a copy of your resale certificate\*

Trade References:					
Full Name:	City: _	State:	Zip:		
Phone:	Fax:	Contact:			
Full Name:	City: _	State:	Zip:		
Phone:	Fax:	Contact:			
Full Name:	City: _	State: _	Zip:		
Phone:	Fax:	Contact:			
		State: Contact:			
Once approved terms a invoices beyond terms. Should attorneys or oth associated with collection costs, shall be	re <b>2%/15/Net 30</b> . Interest No credit will be approved er third parties be utilized on, including, but not limit	t of 1.5% per month will be d without a completed tax s I to collect any past due am ted to, reasonable attorney mount due and owing. I hav	charged on any status certificate. ounts, all costs 's fees and		
Owner/ Officer Signatur	Owner/ Officer Signature:		Date:		
Printed Name and Title					