

Thank you for your interest in Versacarry<sup>®</sup>. 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 <sup>®</sup> mailing address:	Versacarry Contact Information:		
Versacarry	Phone: (855) 278- 9678	1	
1724 B Gooseneck Drive	Email: <u>dealer@versacar</u>	ry.com	
Bryan, TX 77808	Website: <u>www.versacarry.com</u>		
Name of Company:			
Shipping Address:			
City:	State:	Zip Code:	
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 c	ertificate Yes. N	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 different fro	m 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:	
Bank References:			
Bank Name:	City:	State:	Zip:
Phone:	Fax:	Contact:	

Once approved terms are **2%/15/Net 30**. Interest of 1.5% per month will be charged on any invoices beyond terms. No credit will be approved without a completed tax status certificate. Should attorneys or other third parties be utilized to collect any past due amounts, all costs associated with collection, including, but not limited to, reasonable attorney's fees and collection costs, shall be added to the principal amount due and owing. I have been advised of and understand your policies regarding pricing, deliveries, and terms.

Owner/ Officer Signature:	Date:
Printed Name and Title:	