

150 Venture Boulevard • Spartanburg, SC 29306 Phone: (864) 574-8960 • Fax: (864) 578-7308

CUSTOMER SETUP / CREDIT APPLICATION Page 1 of 3

Grey indicates input field

PART A - CUSTOMER SETUP

Section I - Company Information

Company N	Name					
A.	Main Address					
	Address					
	City		State	Zip		
	Country (if not USA	۸)				
	Main Telephone		Main Fax			
В.	Bill To Address	☐ Same as abov	e (Otherwise	e, complete below)		
	Address					
	City		State	Zip		
Section II - Com	pany Contacts					
President Name		CFO Name		AP Name		
Invoice Pre	eferences check all th	nat applies				
] Email	☐ F	ax	☐ Mail		
Section III - Tax	and Other Informa	ation_				
☐ Corpora	ation 🗌 Partnership	Sole Proprieto	orship 🗌 Ot	ther - Specify		
Dun & Brad	dstreet No	Federal Tax ID		4-digit SIC		
Primary Us	e of Venture Produc	ts:				
☐ End-Us	er 🗌 OEM	Reseller	System In	tegrator / Designer	☐ Distributor	
Estimate Annual Purchase \$ Amount						
Seller is registered to collect sales or use tax for states below. Sales or use tax rates are based on ship to locations. If company is exempt from sales and use tax, attach a copy of RESELLLER or EXEMPTION certificate with application. Otherwise tax will apply						
Is company exempt from sales and use tax for the following states?						
☐ California ☐ Michigan ☐ Texas ☐ Illinois						
Provide copies of RESELLLER or EXEMPTION certificates for all that apply.						









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PART B - CREDIT APPLICATION (If credit line is not required, skip to PART C)

Section I - Credit Line Request Enter \$ Amount									
Section II - Trade Reference (Minimum of 3)									
List attached with application (Otherwise, complete below)									
	Α.	Со	mpany Name						
			Address						
			City	State	Zip	Country (if not USA)			
			Telephone	Fax	Email				
	В.	Со	mpany Name						
			Address						
			City	State	Zip	Country (if not USA)			
			Telephone	Fax	Email				
	C.	Co	mpany Name						
			Address						
			City	State	Zip	Country (if not USA)			
			Telephone	Fax	Email				
Section III - Bank Reference									
List Attached with application (Otherwise, complete below)									
☐ Attach a Letter of Authorization to your bank to release information to Venture Measurement Company LLC with application or use Bank Authorization Template Letter.doc									
	A.	Ва	nk Name						
			Address						
			City	State	Zip	Country (if not USA)			



Telephone



Email

Fax





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PART C - TERMS AND CONDITIONS (Other terms and conditions may apply)

Applicant's signature indicates acceptance of financial responsibility, ability and Willingness to pay our invoices in accordance with the following terms and conditions: TERMS OF PAYMENT ARE NET 30 DAYS FROM DATE OF INVOICE. In the event of default in payment purchaser shall pay all collection costs (including court costs). Any RETURNS must be pre-approved by Seller, and may be subject to a restocking fee. The above information is for the purpose of obtaining credit and is believed to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to credit and financial responsibility.

Applicant certifies that, in relation to its business relationship with Venture Measurement it does, and will comply with all applicable laws, rules and regulations concerning anti-corruption and anti-bribery laws as well as the anti-corruptions laws of the United States including, but not limited to, the U.S. Foreign Corrupt Practices Act of 1977, as amended (FCPA).

	Date	
Signature of Authorized Agent of Company		
Print Name / Title of Authorized Agent of Company		





