

Valto, Inc.
23525 W. Eames Street Channahon, IL 60410
P: 815-467-8600 AR@valtoem.com

Date: _____

Business Name: _____

Street Address: _____

City: _____ State/Zip: _____ Country: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Mobile Phone: (____) _____ - _____ Email: _____

Website: _____

Line of Business: _____ Year Started: _____

Sales Tax Exemption or Resale Certificate (please include copy) #: _____

Federal ID #: _____ D&B#: _____

Check One: Corporation Partnership Sole Proprietorship
 Individual Government LLC LLP

Anticipated yearly Sales: _____ Initial Order: _____

NAMES OF OFFICERS/OWNERS:

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

Bankruptcy Filed: _____ If Yes, Date, City & State of Filing: _____

Name: _____ Title: _____ % of Ownership: _____

Street: _____ City: _____ State/Zip: _____

Former/Present Affiliated Companies: _____

How Related: _____

Pending Litigation? _____ If Yes, Details: _____

ACCOUNTS PAYABLE

NAME: _____ TELEPHONE: (____) _____ - _____

EMAIL: _____

Check One: EFT Capable? Yes ____ No ____

Check One: Invoice Method: Email ____ FAX ____ Mail ____

CREDIT AND TRADE REFERENCES:

NAME	ADDRESS	ACCOUNT NUMBER
CONTACT E-MAIL ADDRESS	TELEPHONE NUMBER	CONTACT PERSON
NAME	ADDRESS	ACCOUNT NUMBER
CONTACT E-MAIL ADDRESS	TELEPHONE NUMBER	CONTACT PERSON
NAME	ADDRESS	ACCOUNT NUMBER
CONTACT E-MAIL ADDRESS	TELEPHONE NUMBER	CONTACT PERSON

****IF YOU ARE PROVIDING YOUR OWN CREDIT REFERENCE FORM, PLEASE INCLUDE CONTACT E-MAIL ADDRESSES****

BANK: _____ BRANCH: _____

STREET ADDRESS: _____ CITY: _____

STATE/ZIP: _____ PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT: _____ CHECKING ACCT#: _____ LOAN#: _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered delivered pursuant hereto will be governed and settled under applicable principles of Illinois law, under jurisdiction of the State of Illinois Courts and that venue in any such action shall be in the County of Will.

Note: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collections, including attorney fees. Merchandise may not be returned without prior authorization.

By signing this application, I acknowledge that I have read and understood the terms of sale and agree to abide by them. Valto Inc. payment terms are Net 30 days from date of invoice. Valto Inc. reserves the right, at its own discretion, to grant or deny credit and to increase or decrease credit at any time. Financial statements may be required.

DATE: _____

COMPANY: _____

Full Company Name

OFFICE USE ONLY:

SIGNED BY: _____

DATE RECEIVED: _____

TITLE: _____

APPROVED BY: _____

DECLINED BY: _____