

**VENTURES ASSOCIATES, LLC.**

3097 Oihana Street • PO BOX 1484
 Lihue, HI 96766
 Tel: (808) 246-4886

Account Application Form

Please complete, sign and return via fax/email to
 (808) 246-4895 / sales@ventureskauai.com

BILLING ADDRESS: (Please Print clearly)	DELIVERY ADDRESS: (Please Print clearly)
Company Name	Company Name
Attention	Attention
Street Address	Street Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Fax:	

ORDERING INFORMATION

Are Written Purchase Orders Required? No <input type="checkbox"/> Yes <input type="checkbox"/>	Is Merchandise For Resale? No <input type="checkbox"/> Yes <input type="checkbox"/>	General Excise Tax No. (if for resale, Please provide Copy of Certificate)	
Purchasing Agent	Fax	Email	Phone No. & Extension
Accounts Payable Contact	Fax	Email	Phone No. & Extension

CREDIT REFERENCE: Please use local and current references

Business Name:	Contact Person	Phone Number	Fax Number
1.			
2.			
3.			

TERMS AND CONDITIONS

All Accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Ventures Associates, Inc. to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative	Title		
Agreed and Accepted, Signed	Phone No. & Extension	Date	

FOR OFFICE USE ONLY

Customer Number	Terms <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> Net 30	Salesman
Approved By	Date	