

**VENTURES ASSOCIATES, INC**

3097 OIHANA STREET • PO BOX 1746  
 LIHUE, HI 96766  
 Telephone: 808-246-4886

**Credit Application Form**

Please complete, sign, and return this form along with  
 Fax Forms and Purchase Orders to 1-808-246-4895.

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

**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 attorneys 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 inquires 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	