Viva **Ø**Doria

New Wholesale Account Application

17521 NE 67th Ct, Redmond WA 98052 Phone: +1 425-702-1805 | Email: wholesale@vivadoria.com

Company Information: (Please type) Corporate Name:	
Address :S	tate: Zip: -
Business Phone:() Fax:()	Cell:()
(Please complete all applicable website information) Primary website:	
Do you have a loading dock? Yes No Backorders accepted? YesNo	If No, lift gate service required? Delivery appointments required?
CONTACTS: (first and last name)	
Owner/CEO: Phone#: ()	E-mail:
Purchasing: Phone#: () Accounts Payable: Phone#: ()	
Online Ordering E-mail Address: Invoice E-mail Address: Shipment Tracking E-mail Address:	
BILLING INFORMATION: (If different from above) Name: Address:	
City:	State: Zip:
Credit Card:: Visa Master Card American Express Discover Retain credit card on file? Yes No CCRD#	
APPLICATION FOR CREDIT TERMS: (If terms not approved, credit card payment required) Type of business: CorporationPartnershipProprietorshipOther Date of ownership: Banking Institution: Phone: ()	
Banking Contact: Bank Account # Dunn & Bradstreet #	
Business References (required two or more)	

All orders must be prepaid until credit has been approved. Once credit is approved, and unless otherwise set forth on the invoice, terms are 30 days from the date of invoice.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and condition of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which the credit is being applied for in order to verify the information contained herein.