



Credit Application

Please ensure that this document is signed and returned via fax. Please note that payment terms are net 30 days from invoice date. 2% interest charge may be applicable on all past due accounts.

1945 Old Gallows Road, Suite 207
Vienna, VA 22182
Email: HIFCredit@hiforwarders.com
Fax: 562-249-6449 - Tara Markowiak

Company Information

Corporate Name _____ Publicly Listed

Corporate Address _____

City _____ State/Province _____ Zip/Postal Code _____

Billing Company Name _____ Same as above

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

A/P Contact _____ Email Address _____

Phone # _____ Fax # _____

Credit Limit Requested: _____

Bank References

Bank Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Checking Account _____ Loan Account _____

Billing Address _____

Contact Name _____

Billing Address _____

Phone # _____ Fax # _____

Business References

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Contact Name _____ Years Associated _____

Phone# _____ Fax# _____

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Contact Name _____ Years Associated _____

Phone# _____ Fax # _____

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Contact Name _____ Years Associated _____

Phone# _____ Fax# _____

I certify that the information provided above is accurate. I authorize the banks and trades listed to disclose to Venn Corporation & its subsidiaries, any and all information concerning the financial and credit history of our company. All information obtained will be used solely for credit evaluation purposes and will be guarded in strict confidence.

Authorized by _____ Signature _____

Title _____ Date _____

(Please Print)