

Business Participation Application

Business Information

Legal – Business Name:			
Business Address:		Physical Address: (if different)	
City:		City:	
State:		State:	
ZIP:		ZIP:	
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Date Started:
Name of Parent Company (if subsidiary):			
Date Incorporated:		State Incorporated In:	
Federal ID # or Social Security Number:		Type of Business:	<input type="checkbox"/> Distributor <input type="checkbox"/> Retail
Resale or Tax Exemption Permit Number:		Attach State Resale Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Business Contact Information

Alternate Contact Information

Contact /Position:		Contact / Position:	
Business Phone:		Additional Phone Number:	
Fax Number:		Fax Number: <input type="checkbox"/> same	<input type="checkbox"/> other
Email address:		Email address:	
Cell Phone:		Cell Phone:	

Bank Reference:

Primary Bank:		Account Number:	
Address:		City, ZIP:	
Contact:		Phone Number & Extension:	

Credit Profile Prospectus Attached : Yes No Other:

Trade References

Business Name		Contact Name:	
Address:		State, ZIP:	
Phone Number:		Fax Number:	
Business Name		Contact Name:	
Address:		State, ZIP:	
Phone Number:		Fax Number:	
Business Name		Contact Name:	
Address:		State, ZIP:	
Phone Number:		Fax Number:	

I certify that all of the information provided is true and correct. As an authorized representative of the company listed above, I authorize **VIP Crowd Control** to review both my business and personal credit profile information only in conjunction for the purpose of establishing a business participation account with **VIP Crowd Control**. I acknowledge that I have received and read the **VIP Crowd Control Credit Policy** and or **Distributor Agreement Program**.

Signed: _____ Print Name: _____ Title: _____ Date: _____

Fax to the number shown above – We look forward in doing business with you !