



VIBRATECH TVD LLC
180 ZOAR VALLEY ROAD
SPRINGVILLE, NY 14141
Phone: 716-592-1000
Fax: 716-592-1001

APPLICATION FOR CUSTOMER ACCOUNT

Qualifications:

- Your business must be established in a legitimate commercial area.
- You must have a valid business license (Tax I.D. Number) and reseller permit.
- The business must be open to the public for regular business hours.

Name of Business: _____

Billing Address line 1: _____

line 2: _____ City: _____

State: _____ Zip code: _____ Country: _____

Telephone: _____ Facsimile: _____

E-mail address: _____ Website: _____

Type of Business:

Federal ID #: _____

Partnership: _____

SIC Code: _____

Proprietorship: _____

Tax Exempt #: _____

Corporation: _____

Other: _____

Owner or Principal: _____

Accounts Payable: _____

Buyer: _____

Completion of application includes return of the following items:

- Completed application
- A copy of your valid business license (Tax I.D. Number) and resellers permit
- Photo of your business store front
- Photo of your business sales area

Note: If applying for open account, complete page 2.



Updated 6.25.12

Bank Reference:

Contact: _____

Bank Name: _____

Address: _____

City / State / Zip: _____

Trade Reference:

Company Name: _____

Contact: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Facsimile: _____

Trade Reference:

Company Name: _____

Contact: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Facsimile: _____

Trade Reference:

Company Name: _____

Contact: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Facsimile: _____

Trade Reference:

Company Name: _____

Contact: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Facsimile: _____

