



# Memory Ten

## STANDARD VENDOR APPLICATION FORM

Along with the Vendor Application please submit the following forms:

- Sales and Use Tax Certificate
- Credit Agreement

<b>VENDOR Company Information</b>	
Legal Name:	
Business Trade Name:	Billing Address:
Billing Telephone:	Shipping Address:
Fax:	Web Address:
Federal Tax ID:	Company Subsidiary:
Annual Sales Revenues:	Date Established:
Owner/CFO Drivers License #:	DUNS Number:
No. of Employees	Product lines you purchase:
<b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
<input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned <b>Nature of Purchase:</b> <input type="checkbox"/> Resale <input type="checkbox"/> Y our own Use	

Name Principal Owners or Officers	Title
1.	
2.	
3.	

<b>Bank and Trade reference:</b>			
<b>1. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State:      Zip:
Phone/Fax:		Payment terms:	Acct. No.:
<b>2. Name:</b>		Contact:	
Nature of Business:			
Address:		City:	State:      Zip:
Phone/Fax:		Payment terms:	Acct. No.:
<b>Name of Bank:</b>		Contact:	
Branch address:		City:	State:      Zip:
Account #			
Phone/Fax:			

### Confirmation of Information Accuracy and Release of Authority to Verify

I hereby certify that the information in this Vendor application is correct. The information included in this Vendor application is for the use by Memory Ten Inc. in determining the amount and conditions to be extended. Further I hereby authorize the bank reference listed in this Vendor application to release the information necessary to assist Memory Ten Inc.

Print Full Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_