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## NEW ACCOUNT APPLICATION

COMPANY NAME:	ESTIMATED ANNUAL VOLUME:		
ADDRESS:			
CITY:	STATE:	ZIP:	
BUSINESS TYPE:	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION, STATE OF:
TELEPHONE:	FAX:	E-MAIL/WEBSITE:	

### PLEASE LIST 2 PARTNERS OR CORPORATE OFFICERS:

NAME:	TITLE:
NAME:	TITLE:

### IF SOLE OWNER, PLEASE COMPLETE IN FULL:

NAME:	TITLE:		
ADDRESS:	CITY:	STATE:	ZIP:
SOCIAL SECURITY NO:	HOME TELEPHONE:		

### PLEASE PROVIDE YOUR BANK REFERENCE(S):

BANK NAME:	CITY:	STATE:	ZIP:
ACCOUNT NO:	CONTACT:	TELEPHONE:	
BANK NAME:	CITY:	STATE:	ZIP:
ACCOUNT NO:	CONTACT:	TELEPHONE:	

I (we) consent that the above named Bank(s) may release credit information relative to my company to **VELTEK**.

SIGNATURE:	TITLE:	DATE:
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### PLEASE PROVIDE 3 TRADE REFERENCES COMPLETE WITH INFORMATION REQUESTED BELOW:

COMPANY NAME:	ACCOUNT#:	
ADDRESS:	CONTACT:	
CITY:	STATE:	ZIP:
TEL:	FAX:	E-MAIL:
COMPANY NAME:	ACCOUNT#:	
ADDRESS:	CONTACT:	
CITY:	STATE:	ZIP:
TEL:	FAX:	E-MAIL:
COMPANY NAME:	ACCOUNT#:	
ADDRESS:	CONTACT:	
CITY:	STATE:	ZIP:
TEL:	FAX:	E-MAIL:

### PLEASE READ AND SIGN - YOUR SIGNATURE CONFIRMS YOUR ACCEPTANCE OF VELTEK'S TERMS & CONDITIONS

All invoices are due on Net 30 day basis. If the account goes out of terms, we agree that **VELTEK** may assess us, and we agree to pay reasonable late charges (not to exceed 2% per month, as permitted by law), and all costs associated with collection efforts including legal, court and agency fees. I (we) the undersigned also understand and agree that **VELTEK** has our permission to conduct a credit investigation including, but not limited to, bank and trade references and credit bureaus. The laws of the Commonwealth of Massachusetts shall govern our relationship.

SIGNATURE:	DATE:
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PRINTED NAME:	TITLE:
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If Tax Exempt, please attach a copy of your Tax Exempt Certificate and Tax Resale Number.