



201 Madison Street
Saint Louis, MO 63102
Ph: (314) 241-2265 FAX: (314) 241-8723
Ph: (800) 325-7093 FAX: (800) 476-2258
www.vitroseating.com

APPLICATION TO PURCHASE FORM

Business Name:
Address:
City, State, ZIP:
Website:
Contact:

Date:
Phone:
Fax:
Email:

Type Of Business: [] Food Service Equipment Dealer
[] Restaurant Chain
[] Internet Based Dealer
[] Non Competing Equipment Manufacturer
[] Other _____

Please provide us with 4 major food service equipment manufacturers from which your company has purchased in the past 12 months: _____

Please describe your business. Include information such as history, type, your size, if you have a showroom, and volume of business you anticipate you will do with Vitro Seating Products.

TRADE REFERENCES:

Business Name:
Address:
City, State, ZIP:

Phone:
Fax:
Email:

Business Name:
Address:
City, State, ZIP:

Phone:
Fax:
Email:

Business Name:
Address:
City, State, ZIP:

Phone:
Fax:
Email:

Business Name:
Address:
City, State, ZIP:

Phone:
Fax:
Email:

Business Name:
Address:
City, State, ZIP:

Phone:
Fax:
Email:

Note: These trade references must be verifiable and can be used as credit references upon separate application for credit.

Credit Limit Requested: _____

~Must submit copy of Sales Tax Exemption Certificate & Business License~

Signed: _____

Date: _____

Title: _____