

# VIT Credit Application

## OUR TERMS ARE NET, 30 DAYS

Past due invoices are subject to a 1.5% monthly service charge. When making payments by ACH or wire transfer, please submit invoice details via email to [invoicedetails@vit.org](mailto:invoicedetails@vit.org). Please send your W-9 to [accountreceivable@portofvirginia.com](mailto:accountreceivable@portofvirginia.com) in addition to completing this form.

**Terminal Locations:** Newport News Marine Terminal, Norfolk International Terminals, Portsmouth Marine Terminal, Virginia Inland Port, Virginia International Gateway and Richmond Marine Terminal.

Company Name \_\_\_\_\_

Address (**NO P.O. BOXES**) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Attention \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Corporate/Parent Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Years in Business \_\_\_\_\_

General Manager \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Phone number \_\_\_\_\_

Branch Address \_\_\_\_\_

Had any previous business entities with VIT?      Yes                  No

Previous shareholders or members from the previous entities \_\_\_\_\_

Business names from previous entities \_\_\_\_\_

*\*\*References will be verified. References must respond.\*\**

**Reference 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Reference 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Reference 3**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_