

VICI Credit Reference

Print the form and fill in the information by hand, or click on a field with the hand tool to enter the information with Acrobat Reader before printing the page for faxing. If you have a full version of Acrobat, you can save the completed form and email it to valco@vici.com.

All information in this form is confidential, and will be used only for the purpose of credit evaluation.

To: **VICI Credit Department**

Fax: **(713) 688-8106**

From: _____
(company or bank name)

Date: _____

A company with which we do business has an order pending with VICI, and has asked us to furnish VICI with a credit reference. That company is:

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Customer since: _____ Terms of sale: _____

Date of last sale: _____ Average order: \$ _____

Customer pays: Promptly _____ Average days to pay: _____
Slowly _____

Customer currently owes: \$ _____ Highest credit last 12 months: \$ _____

Past due 31-60 days: \$ _____ 61-90 days: \$ _____

91-120 days: \$ _____ over 120 days: \$ _____

History of billing disputes: Yes No

History of returned checks: Yes No

Recent change/trend in how quickly they pay? Yes No

Your credit rating of this customer: Excellent Good Average Poor

Banking references

Account opened on: _____ Average daily balance: \$ _____ Rating: _____

Completed by: _____ Phone: _____

Title: _____ Comments: _____

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