



To: New Voyager Industries, Inc. Customers

From: Voyager Industries, Inc. Accounting Department

Please complete the following 3 page Credit Application for Voyager Industries, Inc. Follow the instructions below for returning the completed application.

**\*\* TERMS ARE SUBJECT TO CREDIT APPROVAL \*\***

Voyager Industries, Inc. must have a signed and completed credit application on file. Credit applications may be e-mailed, faxed, or mailed. For fastest processing of your credit application, please send completed form via e-mail to the e-mail address listed below. Please include the words "Credit application" in the subject line. **A signed copy, mailed or faxed, must follow all e-mailed applications.**

Mailing Address: Voyager Industries, Inc.  
Attn: Credit Department  
PO Box 566  
Brandon, MN 56315-0566

Fax Number: (320) 834-4745

E-mail: [accounting@voyager-industries.com](mailto:accounting@voyager-industries.com)

If you have questions, please contact:

Karen Root, Controller  
Voyager Industries, Inc.  
320-524-2268  
karenr@voyager-industries.com

**New Account Information**  
**Confidential Credit Information**

Voyager Industries, Inc.  
PO Box 566  
Brandon, MN 56315-0566  
Phone: (320) 834-4940  
Fax: (320) 834-4439

(Please complete fully)

(Page 1 of 3)

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Ship to Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

Description of Business: \_\_\_\_\_

Business Type:  Corporation  Partnership  Sole Proprietor      Number of Years in Business: \_\_\_\_\_

**ACCOUNTS PAYABLE**

Contact Person: \_\_\_\_\_

*Name*

*Phone Number*

*Ext*

*Fax Number*

*Email Address*

*E-Invoicing Y N (circle one) Email Address(es)*

**PURCHASING**

Contact Person: \_\_\_\_\_

*Name*

*Phone Number*

*Ext*

*Fax Number*

*Email Address*

**ALL OWNERS AND/OR COMPANY OFFICERS\***

1. \_\_\_\_\_  
*Name* *Title* *SSN*

*Home Street Address*

*City*

*State*

*Zip Code*

2. \_\_\_\_\_  
*Name* *Title* *SSN*

*Home Street Address*

*City*

*State*

*Zip Code*

3. \_\_\_\_\_  
*Name* *Title* *SSN*

*Home Street Address*

*City*

*State*

*Zip Code*

\* Please attach a separate sheet for any additional owners.

**Voyager Industries, Inc.**  
**Credit Application (Page 2 of 3)**

**SUPPLIER REFERENCES**

1. \_\_\_\_\_  
*Name* *Phone Number* *Email (or Fax)*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

2. \_\_\_\_\_  
*Name* *Phone Number* *Email (or Fax)*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

3. \_\_\_\_\_  
*Name* *Phone Number* *Email (or Fax)*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

4. \_\_\_\_\_  
*Name* *Phone Number* *Email (or Fax)*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

5. Mortgage holder/Landlord \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

**BANK REFERENCES**

1. \_\_\_\_\_  
*Financial Institution Name*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

\_\_\_\_\_ *Loan Officer's Name* *Phone Number* *Ext* *Email (or Fax)*

2. \_\_\_\_\_  
*Financial Institution Name*

\_\_\_\_\_ *Street Address* *City* *State* *Zip Code*

\_\_\_\_\_ *Loan Officer's Name* *Phone Number* *Ext* *Email (or Fax)*

DUNS Number: \_\_\_\_\_

Expected monthly purchases: \$ \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_

State Tax Exemption Number: \_\_\_\_\_ (please enclose copy of form)

Are financial statements available for review? Yes No

Has the firm or any of it's principals ever been Bankrupt? Yes No

If Yes, explain \_\_\_\_\_

**Standard Credit Terms for Voyager Industries, Inc.**

1. Standard terms are payment upon delivery of product. In some cases credit may be established.
2. If credit is established. Payment is expected within terms.
3. Further orders will not be accepted and shipments will not be made in the event account is past due.

