

## **CREDIT APPLICATION FORM**

Please complete, sign, and return this form along with your Credit References

Billing Address		Office Address:			
Customer ID					
Company Name		Company Name			
Street Address		Street Address			
City		City			
Telephone		Telephone			
		E-mail			
General Information					
Principal/Owner	ID/PP/DP #	Email		Phone No & Ext	
Company Composition Individual Partnership LLC Corporation					
Expected Monthly Purchase	At Present Location Since Date	Premises Leased  Yes N		Amount Of Credit Desired	
Reason for Credit					
Ordering Information					
Are Written Purchase Orders Required	Is Merchandise for Resale?	Registration #, please pro		ovide Copy of Certificate	
Yes No C	Yes No No				
Purchasing Agent	Fax	Email		Phone & Extension	
Accounts Payable Contact	Fax	Email		Phone & Extension	
	Credit Refer	ences			
			Phone #		
Account Manager (1)					
Name of Reference (2)			Phone #		
Account Manager (2)					
Name of Reference (3)			Phone #		
Account Manager (3)					
Main Bank Information					
Bank Name	Branch Name	Bank Contact Officer		Phone No & Ext	
Bank Address	City	Type of Account and Account No.			
Terms and Conditions					
All accounts are COD until a credit application has	been completed, reviewed, and ap	proved. If any	indebtedness incurred pu	rsuant	
to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable					
attorney fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month unitl paid in full					
Acceptance and Approval					
Signing this agreement indicates your acceptance of Ltd to make any and all inquiries necessary to proc		ed. In addition	, you authorize NWT Ente	rprises	
			Title		
Agreed and Accepted, Signed		Phone No & Extension		Date	
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