



APPLICATION FOR CREDIT

The more complete the information you provide us the better service we can provide you

A. COMPANY BACKGROUND

FIRM NAME _____ FEDERAL I.D. # OR SOCIAL SECURITY# _____
(OF OWNER)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER / BILLING _____ FAX NUMBER / BILLING _____

NAME OF CONTROLLER OF FINANCIAL OFFICER: _____

TYPE OF BUSINESS: _____ DATE STARTED: _____ D&B#: _____

B. TRADE REFERENCES

BUSINESS NAME: _____ CONTACT: _____
PHONE: _____ FAX: _____
ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

BUSINESS NAME: _____ CONTACT: _____
PHONE: _____ FAX: _____
ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

BUSINESS NAME: _____ CONTACT: _____
PHONE: _____ FAX: _____
ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

C. BANK REFERENCES

NAME OF BANK: _____
ADDRESS: _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

ACCOUNT NUMBER: _____ LENGTH OF TIME WITH BANK: _____

NOTE: PLEASE TAKE THE TIME TO DOUBLE CHECK YOUR ACCOUNT NUMBER IS CORRECT.

D. ADDITIONAL INFORMATION

1. CREDIT LIMIT REQUESTED \$ _____
2. PLEASE ENCLOSE A COPY OF THE LATEST FINANCIAL STATEMENT, EITHER CERTIFIED, OR SIGNED AND DATED BY AN OFFICER OF YOUR COMPANY IF YOU ARE REQUESTING \$10,000 OR MORE OF CREDIT.
3. _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR STANDARD TERMS AND CONDITIONS, OR THOSE TERMS AND CONDITIONS SPECIFICALLY AGREED UPON. FREIGHT TERMS SHALL BE FOR NOVA UNLESS OTHERWISE SPECIFIED, IN THE EVENT IT IS NECESSARY TO INCLUDE ATTORNEY'S FEES, COURT COSTS OR OTHER EXPENSES RELATED TO COLLECTING AN OVERDUE ACCOUNT, SUCH COSTS SHALL BE THE RESPONSIBILITY OF THE APPLICANT.

* PLEASE NOTE THAT YOUR COMPANY WILL AUTOMATICALLY BE ISSUED AN "EMERGENCY" CREDIT AMOUNT UNTIL YOUR CREDIT AMOUNT UNTIL CREDIT APPLICATION IS COMPLETE.

DATE: _____ FIRM NAME _____
BY _____
DATE _____ TITLE _____
SIGNATURE _____

(SIGNATURE OF BANK ACCOUNT HOLDER)

MY SIGNATURE AUTHORIZES CREDIT CHECKS ON MY BANK ACCOUNT