

# APPLICATION FOR CREDIT



## APPLICATION INFORMATION:

Amount of Credit Request: \$ \_\_\_\_\_ (If credit amount exceeds \$150,000, include recent two year financial statements)

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Primary AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AP Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION:

Check One:  Corporation  Partnership  Individual/Sole Proprietorship

In Business Since: \_\_\_\_\_ Incorporated Since: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Tax ID Number (CORP / SIN): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Purchase Order Required:  Yes  No

G.S.T. Registration #: \_\_\_\_\_ P.S.T. Exemption #: \_\_\_\_\_

### PRINCIPALS, OWNERS, PARTNERS OR MANAGERS:

<u>Full Name</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

## BANK REFERENCE:

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## TRADE REFERENCES:

1) Company Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### CREDIT POLICY: Balances over 30 days past due are subject to a finance charge of 2.0% per month.

The information provided above is furnished for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize NACHURS ALPINE SOLUTIONS INDUSTRIAL INC. to investigate the references listed pertaining to my/our credit and financial responsibility. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.

NASI SALES MANAGER: \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ NAME PRINTED \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_