



BUSINESS CREDIT APPLICATION

Business is a (please check one only):

☐ Corporation ☐ Government ☐ Partnership ☐ LLC ☐ Sole Proprietorship

Legal Name:

Physical Business Address:

City:

State:

Zip Code:

Mailing Address:

PO Box/Suite:

City:

State:

Zip Code:

Phone:

Ext.:

Fax:

Purchase Orders:

☐ Yes ☐ No

State of Incorporation:

A.P. Contact:

Dunn & Bradstreet #:

How Long in Business:

Fed I.D. #:

Type of Business:

Social Security #:

Est. Annual. Sales:

Tax Exempt #:

TRADE AND CREDIT REFERENCES

1. Name:

Account #:

Address:

Phone:

City:

State:

Zip:

Fax:

2. Name:

Account #:

Address:

Phone:

City:

State:

Zip:

Fax:

BANK REFERENCES

Bank Name:

Address:

Checking Account #:

Phone:

Savings Account #:

TERMS OF CREDIT

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit term's on Vendor's invoices or, if none appear, according to terms of NET 30. Applicant agree's to 1-1/2% per month service charge, or the maximum allowed by law, whichever is lower, if not paid by the 30th day of each month following purchase. A returned check of \$50 will be charged for any check returned by applicant's bank. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty (30) days of any change in business organization, financial condition or controlling ownership. In consideration of any extension of credit by **NLR, Inc.** should and indebtedness not be paid in accordance with the terms of credit, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees at both trial & appellate levels. Attorney's fees and costs shall be payable whether suit be brought or not. This agreement is interpreted and governed by the the laws of the State of Connecticut. Venue for any proceeding shall take place is Connecticut.

Would you like to pay electronically? ☐ Y ☐ N

Card Type:

☐ MasterCard ☐ Visa

☐ Discover

☐ Amex

Credit Card No.:

Exp. Date

Authorization

Applicant: _____

By (signature): _____

Title: _____

Date: _____