

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 (TIN) / SSN: _____

Type of Business: _____ Purchase Order Required: Yes No

State Sales Tax: Taxable Non-Taxable

IF SALES TAX EXEMPT, PLEASE ATTACH EXEMPTION CERTIFICATE

PRINCIPALS, OWNERS, PARTNERS OR MANAGERS:

Full Name	Title	Phone
_____	_____	_____
_____	_____	_____

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 1.5% per month. Tonnage inspection fee is responsibility of customer.

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 CORP 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 _____