



CREDIT APPLICATION

TYPE OF BUSINESS: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER

COMPANY: _____ FEDERAL ID #: _____

DATE ESTABLISHED: _____ PRIOR NAMES: _____

SHIPPING ADDRESS: _____
street and number city state zipcode

TELEPHONE: _____ FAX: _____

BILLING ADDRESS: _____
If same as shipping check street and number city state zipcode

LIST OF OWNERS/OFFICERS

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

ACCOUNTS PAYABLE INFORMATION

A/P CONTACT: _____ PHONE: _____

FAX: _____ DO YOU REQUIRE PURCHASE ORDERS? Y N

VENDOR REFERENCES

COMPANY: _____ YOUR ACCOUNT #: _____

PHONE: _____ FAX: _____

COMPANY: _____ YOUR ACCOUNT #: _____

PHONE: _____ FAX: _____

COMPANY: _____ YOUR ACCOUNT #: _____

PHONE: _____ FAX: _____

BANK REFERENCES

Name of bank Address City State Zipcode

Phone number Account number Officer in charge

I, the undersigned certify that the above information is complete and correct and I authorize NA Trading and Technology and/ or its agents to verify any of this information for the purpose of determining credit-worthiness. I further certify that I have the authority to enter into a credit agreement on behalf of the company.

AUTHORIZED SIGNATURE DATE PRINTED NAME TITLE

PLEASE FAX THIS FORM TO: 952-888-6097