



CREDIT APPLICATION

How did you hear of NCE?
What are you interested in purchasing?

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	Email:	
Registered company address:			
City/State/Zip:			
Tax Exempt:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID #:	EIN:
Tax Classification:			
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate

BUSINESS AND BILLING INFORMATION

Company name:	
Accounts Payable contact:	
Person of Contact for Paying Invoices:	
Phone:	Email:
Person of Contact for Purchasing:	
Phone:	Email:
Company Billing Address:	
City/State/Zip:	Date Business Commenced:
Bank Name:	Account Officer:
Bank Address:	City/State/Zip:
Phone:	Email:

BUSINESS/TRADE REFERENCES

Company name:	Contact:
Address:	City/State/Zip:
Phone:	Fax: Email:
Company name:	Contact:
Address:	City/State/Zip:
Phone:	Fax: Email:
Company name:	Contact:
Address:	City/State/Zip:
Phone:	Fax: Email:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. National Creative Enterprises reserves the right to deny or withdraw credit at anytime.
3. By submitting this application, you authorize National Creative Enterprises to make inquiries into the banking and business/trade references that you have supplied. You also extend permission to inquire into your credit history for the purpose of establishing credit with National Creative Enterprises.

SIGNATURE OF AUTHORIZED BANK SIGNEE

Printed Name & Signature:

Date:

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