

New Customer Credit Application Form

Fax completed form to:

Midwest SourceOne Illinois 1087 N. North Branch Street Chicago, IL 60622-4292 Toll-free: 800.736.7636 Fax: 312.943.8215

West SourceOne California Branch Street 11821 Western Avenue Garden Grove, CA 92841 736.7636 Toll-free: 800.252.7767 1215 Fax: 714.891.7875

Southeast SourceOne Georgia 4260 Peachtree Industrial Boulevard Norcross, GA 30071-1646 Toll-free: 800.537.4606 Fax: 770.623.0297 Northeast SourceOne Ohio 3905 Port Union Road Fairfield, OH 45014 Toll-free: 800.729.9942 Fax: 513.870.5713

Bill To:	
Company Name:	

Address:				
City:			State:	Zip Code:
Phone:	-	Fax:		
Ship To:				
Company Name:				
Address:				
City:			State:	Zip Code:
Phone:		Fax:		
Contacts: F	ull Name of owner(s)	or Principals (Pro	prietorship and Partnership) N	Nust be Completed
Principal Of	ficer #1:		Title:	
Principal Of	ficer #2:		Title:	
FEIN/SSN fo	r Proprieter/Partners	#1:	#2:	
Payables Cont	act:		Phone:	Ext:
<u>=</u>	ess:			
	act:			Ext:
E-Mail Addr	ess:			
Other Cont	act:		Phone:	Ext:
E-Mail Addr	ess:			
Company Informatio	n. Full Name of o	wner(s) or Princi	pals (Proprietorship and Partno	erchin) Must be Completed
				ersinp) was be completed
	ess Established:			ocation:
	ent Ownership:			
0.1.00				
Form of Busine	ss: Proprietorsh	ip Pa	artnership Corpora	ation 🗌
Listed in D&B:	No Yes	D&B #:	D&B	Rating:
Tax Exem	pt #:		Note: Tax Exempt Certific	ates Must be Attached
1	Estimated Total Mo	nthly Purchase	s From Nazdar SourceOne:	
Tot	tal Monthly Credit b	eing Requested	d From Nazdar SourceOne:	
Payment Information	า:			
Method:	Cash/Check	Do You Want	To Set Up A Credit Card Accou	nt? Yes No
	Credit Card	If Yes, Credit C	Card Authorization Form Must	be Returned with Credit Applicatio



Title

Date

Bank Information:	<u> </u>	
Bank Name:		
	State: Zip Code:	
	Fax:	
Account #: Account Name: (if differer	Year Established:	
Account Name. (ii dinerei		
Ferms:	rehases not 20 Days from Invoice	
	rchases net 30 Days from Invoice. stated terms are subject to C.O.D. shipment until terms a	ra mat
•	blished total credit limits are subject to C.O.D. shipment	
	manufacturer terms and approval of Nazdar SourceOne	
	y require deposit at time of order and pre-payment prio	=
Equipment parenases may	require deposit at time of order and pre payment prio	to simplificate.
Trade References:		
•	wing will result in the return of your application. To avoid delay our inquiries promptly. Include only those references where you	
		-
Name:		
Address:		
City:		
State/Zip:	• •	
Phone #:		
Faxt #:	Faxt #:	
Name:	Name:	
Address:		
City:		
State/Zip:		
Phone #:	, ·	
Faxt #:		
all banks, businesses and persons identi SourceOne by telephone or written corn to obtain a full and complete credit his	,	sted by Nazdar Company, DBA Nazdar horizes Nazdar SourceOne with the right
I hereby certify that the information sh will abide by the terms set forth above.	nown on these two pages is true and correct to the best of my ki	nowledge. Furthermore, I have read and
Ву:	Title:	Date:
Ву:	Title:	Date:
	•	
S	Bank Authorization	
		Company Name
To establish credit or update credit infor	Mame of Bank	Authorized Signature
To provide balances, loan information, a	and other pertinent banking information to Nazdar SourceOne	-