



Please email completed form to:  
[accountsreceivable@nicindustries.com](mailto:accountsreceivable@nicindustries.com)

## **APPLICATION FOR CREDIT**

BE SURE TO SIGN WHERE APPLICABLE  
THANK YOU!

Date: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

### **COMPANY INFORMATION:**

\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

Years In Business: \_\_\_\_\_ In the State of: \_\_\_\_\_

President: \_\_\_\_\_ Vice-President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Manager: \_\_\_\_\_

Bookkeeper: \_\_\_\_\_ Purchasing Agent: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_ Date Established: \_\_\_\_\_

### **COMPANY OWNER INFORMATION:**

Mr. /Mrs. /Ms.: \_\_\_\_\_ Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **PLEASE INDICATE ONE OR MORE OF THE FOLLOWING NUMBERS:**

Federal ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**TRADE REFERENCES:** (Your Industrial Suppliers) Please complete all information requested. All references are contacted by mail or faxed (If possible). A minimum of three; including your bank institution must reply before account can be evaluated. Please allow 2 - 3 weeks to process.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Banking Institution: Banking Account #:** \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Representative: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

**GUARANTY: CORPORATE APPLICANTS**

If the forgoing credit application is made by a corporation, we, the undersigned, being officers, directors, shareholders or other persons representing/interested in such Corporation, to induce any of NIC Industries, Inc. and it's divisions to sell to such Corporation on credit on the terms and conditions set forth in our CREDIT SALES POLICY, do jointly and separately unconditionally guarantee full and prompt payment of all sums due or to become due to NIC Industries, Inc. and it's divisions under the terms and conditions of such agreement as though we were original parties thereto.

Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL  
PLEASE REMEMBER TO SIGN.... UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

**CREDIT SALES POLICY**

1. **TERMS OF SALE:** Our terms of sale are net 30 days from invoice billing date.
2. **PAST DUE:** Past due amounts are assessed a late charge of 2% per month or the maximum amount authorized by law, whichever is greater.
3. **CREDIT HOLD:** Past due accounts will be put on a "CREDIT HOLD" until all past due amounts have been paid. No exceptions!
4. **COLLECTIONS:** In the event that any account is not paid when due, and the account is referred by any of our company divisions to a collection agency; attorney; or any other individual or entity serving in that capacity, and thereafter the account is paid, the applicant agrees that the applicant will pay, in addition to the balance of the account, an amount equal to the reasonable collection fee charged any of our company divisions by the collecting entity, attorney, or individual or adjudged by the court as reasonable attorney's fees and costs be allowed the plaintiff in suit or action, and if an appeal is taken, the applicant further promises to pay such sums as the appellate court shall adjudge reasonable as if any suit is brought to enforce any part of the terms of sale herein, venue of said suit of action shall be in the appropriate trial court of the county of Jackson, State of Oregon.

Applicant hereby acknowledges that he has read and accepts the terms & conditions of sale.

\_\_\_\_\_ Date: \_\_\_\_\_  
Full Name of Firm

\_\_\_\_\_ Title: \_\_\_\_\_  
Signed By Company Representative