
Company Name

Billing Address

City State ZIP

Purchasing Contact

Phone Fax

E-mail

Accounts Payable Contact

Phone Fax

E-mail

Shipping Contact

Phone Fax

E-mail

Trade References

Company 1:

Account #

Address

City State ZIP

Phone Fax

Company 3:

Account #

Address

City State ZIP

Phone Fax

Bank Reference

Bank Name

Account #

Address

City State ZIP

Phone Fax

I authorize the bank named above to release information about my account to *Nickell Moulding Company, Inc.* This information is to be used to establish an open line of credit with *Nickell Moulding Company, Inc.*

Signed Date

Shipping Address

City State ZIP

Preferred Carrier

If UPS: Commerical Residential

Prepaid & Charge Collect

LTL Flat Bed Designated Car.

Unloading: Forklift Hand Lift

Terms: Open COD Visa Mastercard

Company 2:

Account #

Address

City State ZIP

Phone Fax

Company 4:

Account #

Address

City State ZIP

Phone Fax

Company Information

Date Company Started

Type of Business

Number of Employees

Estimated Annual Sales

Credit Limit Requested

Prepared by Date