

NSC CUSTOMER INFORMATION

Please return by fax to: 1-800-960-2727 Attention: Angela Akins
Company Information:

Company Name:		Type of Business:	
Contact's Name:		Title:	
Phone:	Fax:	Sales Tax Exempt#:	(please fax certificate)
E-mail address:		May we e-mail future specials & new products? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Order Source:	<input type="checkbox"/> Lead	<input type="checkbox"/> Prospect	<input type="checkbox"/> Referral <input type="checkbox"/> Show
Tax ID#(If sole proprietor or partnership, give social security numbers.)			
Billing Address:		County:	Shipping Address:

Method of Payment:

*(If paying by Credit Card, fill out attached Credit Card form.)				
<input type="checkbox"/> Net 10(open account)	<input type="checkbox"/> Money Order	<input type="checkbox"/> C.O.D.	<input type="checkbox"/> Cash in Advance	<input type="checkbox"/> Credit Card*
Is company purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Bank Information:

Bank Name:	Checking Account #:
Credit Department Phone:	Credit Department Fax:

References:

CREDIT/TRADE REFERENCES (MUST HAVE AT LEAST 2)	OFFICE USE ONLY
#1 COMPANY	COMMENTS:
CONTACT	
ADDRESS	
CITY STATE ZIP	
PHONE FAX	
ACCOUNT NUMBER	
#2 COMPANY	COMMENTS:
CONTACT	
ADDRESS	
CITY STATE ZIP	
PHONE FAX	
ACCOUNT NUMBER	
#3 COMPANY	COMMENTS:
CONTACT	
ADDRESS	
CITY STATE ZIP	
PHONE FAX	
ACCOUNT NUMBER	
FOR OFFICE USE ONLY	
Customer No.:	Open Date:
Salesperson:	Credit Limit:

I authorize the release of credit information pertaining to the above accounts to NSC International, all information given will be kept strictly confidential. I also understand the terms of payment to which I have agreed. Authorized Signature: _____ Date: _____