

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Date:		
Company name (Legal Name):		
Business trade name (DBA):		
Phone:		Website:
Billing address:		
City:	State:	ZIP Code:
Physical address:		
City:	State:	Zip Code:
Phone:	Email:	
Contact Person Requesting Credit:		
Phone:	Title:	

BUSINESS AND CREDIT INFORMATION

Accounts Payable Contact:		
Accounts Payable Email Address:		
Purchasing Email Address:		
Do you require P.O. numbers? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)		
Ship-to address:		
Ship-to City:	State:	ZIP Code:
Additional Ship-to Address: (1)		
(2)		
(3)		
Business Type:	(<input type="checkbox"/>) Corporation	(<input type="checkbox"/>) Proprietorship
Date Established:	(<input type="checkbox"/>) Limited Liability Corporation	(<input type="checkbox"/>) Partnership
Federal Tax ID #:	Type of Business:	Taxable? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) <i>If no, please provide tax exempt form</i>
Preferred Method of Shipment:		
(<input type="checkbox"/>) Will Call Counter Sales Pickup (<input type="checkbox"/>) Delivery by The Nut Place		
(<input type="checkbox"/>) UPS (<input type="checkbox"/>) FedEx		
(<input type="checkbox"/>) UPS Collect (<input type="checkbox"/>) FedEx Collect	Account #:	
(<input type="checkbox"/>) Other		

BANK CREDIT INFORMATION

Name of Bank:		
Address:		
City:	State:	Zip Code:
Phone:	Contact:	
Checking Account #:	Loan #:	

BUSINESS/TRADE REFERENCES

*Note: At least **three** good references are required to open an account. **Email is required.***

Company name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Company name:

Address:

City:

State:

Zip Code:

Phone:

Email:

CREDIT TERMS AND POLICY

- Everything stated in this application is true and correct to the best of my knowledge. It is understood you will retain this application whether or not it is approved.
- You are authorized to check our credit as necessary through our trade references, bank references, and/or a credit reporting agency to obtain answers about our credit experience.
- Further, in consideration of such extension of credit, it is understood that all bills shall be due and payable 30 days from the date of invoice; and further, upon failure to comply with these terms, my account will be placed on C.O.D. until the entire balance is paid.
- All parties further agree that, in the event legal action becomes necessary, the same will be filed and tried exclusively in Harris County, Texas.
- The undersigned further declares to The Nut Place, Inc., that he/she is duly authorized to sign this credit application form on behalf of the person and/or company herein represented.

Name of Company:

Date Signed:

Signature: _____

Title:

Please email this completed application to sales@thenutplace.com

HOW DID YOU HEAR ABOUT THE NUT PLACE?

() Search Engine:

() Website:

() Salesperson – Name:

() Referred By:

() Other: