



NEP Electronics

Credit Application

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Please complete this form and return to:

Fax 1(630) 595-8704

or

e-mail to: accounting@nepelectronics.com

Company Information

Legal Business Name: _____
Main Phone: _____ Fax: _____
Billing Address:
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Shipping Address:
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Company Contact Information

Accounting Contact: _____
Contacts e-mail address: _____
Accounting Phone: _____ Ext. _____
Accounting Fax: _____

Company Business Information

Type of Business: _____
Number of Employees: _____ Year Established: _____
Organization Type: <input type="radio"/> Corp. <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship <input type="radio"/> Other

Company Tax Information

Tax Exempt? YES <input type="radio"/> NO <input type="radio"/> Federal Tax Exempt No. _____
Resale # _____

Bank Reference Information

Bank Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
Account Number:	_____		
Bank Officer:	_____		
Phone Number:	_____	Ext.	_____
Fax Number:	_____		
Loans:	Yes <input type="radio"/>	No <input type="radio"/>	

Trade Reference 1

Minimum of three (3) current suppliers

Company Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
Account Contact:	_____	Account No.:	_____
Phone Number:	_____	Fax Number:	_____

Trade Reference 2

Company Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
Account Contact:	_____	Account No.:	_____
Phone Number:	_____	Fax Number:	_____

Trade Reference 3

Company Name:	_____		
Address:	_____		
City:	State:	Zip Code:	
Account Contact:	_____	Account No.:	_____
Phone Number:	_____	Fax Number:	_____

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms set by NEP Electronics, Inc.

Signed: _____

Title: _____ Date: _____