



New Account Inquiry & Credit Application Form

COMPANY INFORMATION

Please check one: ☐ Corporation ☐ Limited Partnership ☐ Partnership ☐ Proprietorship D & B #: (if any)

Exact Name of Business:

Street Address:

City: State/Prov.: Postal Code:

Primary Contact: Phone: Fax:

Acct Payable Contact: Phone Number:

Type of Business: E-mail Address:

P.O. # Necessary ? ☐ YES ☐ NO Date Business Began: Number of Employees:

Principal Owner or Authorized Officer of Business:

TRADE REFERENCES

Bank Name: Account #: Fax: Phone:

Address: City: State/Prov.: Postal Code:

Acct Manager's Name: E-Mail:

Supplier 1: Account #: Fax: Phone:

Address: City: State/Prov.: Postal Code:

Acct Manager's Name: E-Mail:

Supplier 2: Account #: Fax: Phone:

Address: City: State/Prov.: Postal Code:

Acct Manager's Name: E-Mail:

Supplier 3: Account #: Fax: Phone:

Address: City: State/Prov.: Postal Code:

Acct Manager's Name: E-Mail:

Custom Requirements (USA Only) Please provide your Employer Identification Number:

CREDIT TERMS & CONDITIONS

THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize J.M. Nault to investigate the references listed above pertaining to my/our credit and financial responsibility.

A copy of this document shall be as the original. Initials: _____

Company Name: Date:

Signature of Authorized Officer: Title: