NORTHERN FABRICATORS APPLICATION FOR CREDIT

PLEASE E-MAIL COMPLETED FORMS TO JDENTON@NORTHERNFABRICATORS.COM

COMPANY INFORMATION:

Company Name: _____ **Customer # (PJ Use):** _____

DBA: _____

Federal Tax ID: _____ **Dunn & Bradstreet #:** _____ **Rating:** _____

Date Business Established: _____ **State of Incorporation:** _____ **Annual Sales:** _____

Type of Business: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other: _____

BILLING INFORMATION:

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

AP Contact Name: _____ **Phone #:** _____ **Fax #:** _____

Sales Tax Status: ☐ Bill Tax ☐ Do Not Bill Tax (Please Attach Associated Certificate. Required for Exempt Status)

Are Purchase Orders Required? ☐ Yes ☐ No

E-Mail Address where Invoices can be Sent: _____ ☐ We do not accept Emailed Invoices
Yes

Do you provide ACH Payments? ☐ ☐ No If yes, please send Authorization Form/Request to jdenton@northernfabricators.com

OFFICERS/KEY PEOPLE:

Name: _____ **Title:** _____ **E-Mail:** _____ **Phone:** _____

Name: _____ **Title:** _____ **E-Mail:** _____ **Phone:** _____

Name: _____ **Title:** _____ **E-Mail:** _____ **Phone:** _____

Name: _____ **Title:** _____ **E-Mail:** _____ **Phone:** _____

BANK RELATIONS:

Bank Name: _____ **Account Number:** _____

Bank Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone #:** _____ **E-Mail:** _____

TRADE REFERENCES:

Company Name: _____ **Contact Name:** _____

Bank Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Fax #:** _____ **E-Mail:** _____

Company Name: _____ **Contact Name:** _____

Bank Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Fax #:** _____ **E-Mail:** _____

Company Name: _____ **Contact Name:** _____

Bank Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **Fax #:** _____ **E-Mail:** _____

GENERAL TERMS & CONDITIONS:

For the purpose of establishing credit with creditor, the undersigned warrants the financial information to be true, correct and complete to the best of my knowledge and hereby authorizes any credit investigation needed for verification. We hereby agree to the terms of NET 30 days, unless otherwise stated. In the event of collection, the customer pays all collection costs including associated attorney fees. Any balance over 30 days is subject to a service charge of 1% per month (18% per annum).

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____