



# COMMERCIAL CREDIT APPLICATION FORM

Date \_\_\_\_\_ Email \_\_\_\_\_

Legal Business Name of Applicant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(required if different than billing address)

Years in Business \_\_\_\_\_

Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_ Date Formed \_\_\_\_\_

List names of any affiliated, subsidiary, or parent companies of Applicant  
\_\_\_\_\_

List the name of any other business operated by any officer, partner, owner, whether past or present  
\_\_\_\_\_

Name of Principal or Owner Title \_\_\_\_\_ Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_

SS# of owner/officer \_\_\_\_\_ Tax ID # \_\_\_\_\_ FEIN# \_\_\_\_\_

Has Applicant or any officers, partners, owners or members ever filed for bankruptcy? If so, who? When?  
\_\_\_\_\_

## BANK INFORMATION

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Checking  Savings  Account # \_\_\_\_\_

## TRADE/CREDIT REFERENCES

Business Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Business Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

The undersigned represents that he or she is an officer or agent of applicant and is duly authorized to act on its behalf. If extended credit, pursuant to this Credit Agreement, the applicant hereby agrees to the following terms: Payment is due in full thirty (30) days from the date of invoice. In the event the account is not paid in full by the due date, applicant will inform NVL Laboratories, Inc. of the reason for non-payment, and a late payment charge of 1.5 % per month (18 % annual) will be computed on the unpaid balance. The applicant agrees to pay all costs and all attorneys' fees incurred in connection with collection of any past due balances on this account. NVL Laboratories, Inc. is hereby authorized to investigate the references listed above concerning applicant's credit history and financial responsibility. This Credit Application and Agreement supersedes any prior agreement between the parties and may only be modified in writing. Applicant agrees to all Standard Terms & Conditions on the reverse side of this form which are incorporated herein.

Authorized Signature \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

In consideration of financial accommodation, applicant must sign & return attached personal guarantee addendum, the undersigned hereby guarantees prompt payment of all liabilities and indebtedness of applicant to NVL Laboratories, Inc. including collection costs and attorney's fees and applicant waives all notices and surety defenses.

**Please return the completed form to [Clientservices@nvlabs.com](mailto:Clientservices@nvlabs.com) or fax to (206) 634-1936**

### Office Use Only

Reviewed & Approved by: _____	Date _____	Status _____	Limit \$ _____
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