

NCI CREDIT APPLICATION

COMPANY NAME: _____ PHONE: _____

STREET ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____ IN BUSINESS SINCE: _____

IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY: _____ IN BUSINESS SINCE: _____

LEGAL FORM UNDER WHICH BUSINESS OPERATES: CORPORATION PARTNERSHIP PROPRIETORSHIP (Circle One)

COMPANY DIRECTORS/OFFICERS/PRINCIPAL

NAME 1: _____ **TITLE:** _____

HOME ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ EMAIL: _____

NAME 2: _____ **TITLE:** _____

HOME ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____ EMAIL: _____

BANK REFERENCES

BANK NAME: _____ **CHECKING or SAVINGS ACCOUNT NUMBER:** _____

BRANCH ADDRESS: _____ **CITY/STATE/ZIP:** _____

BANK CONTACT NAME: _____ **PHONE:** _____ **FAX:** _____

BANK NAME: _____ **CHECKING or SAVINGS ACCOUNT NUMBER:** _____

BRANCH ADDRESS: _____ **CITY/STATE/ZIP:** _____

BANK CONTACT NAME: _____ **PHONE:** _____ **FAX:** _____

BANK NAME: _____ **CHECKING or SAVINGS ACCOUNT NUMBER:** _____

BRANCH ADDRESS: _____ **CITY/STATE/ZIP:** _____

BANK CONTACT NAME: _____ **PHONE:** _____ **FAX:** _____

TRADE REFERENCES

COMPANY NAME: _____ **CONTACT NAME:** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **FAX:** _____ **EMAIL:** _____ **ACCOUNT OPENED SINCE:** _____
CREDIT LIMIT: _____ **CURRENT BALANCE:** _____

COMPANY NAME: _____ **CONTACT NAME:** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **FAX:** _____ **EMAIL:** _____ **ACCOUNT OPENED SINCE:** _____
CREDIT LIMIT: _____ **CURRENT BALANCE:** _____

COMPANY NAME: _____ **CONTACT NAME:** _____
ADDRESS: _____ **CITY/STATE/ZIP:** _____
PHONE: _____ **FAX:** _____ **EMAIL:** _____ **ACCOUNT OPENED SINCE:** _____
CREDIT LIMIT: _____ **CURRENT BALANCE:** _____

I (We) hereby agree to guarantee the performance of the above stated terms of credit by the Applicant. This guarantor(s) hereby waive notice of presentment and delinquency of the Applicant. This guaranty is continuing in nature so long as the Applicant obtains merchandise on credit from the Creditor.

Guarantor Signature _____

Guarantor Signature _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

NCI BUSINESS PRINCIPALS INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

SOURCES OF INCOME

SOURCE OF INCOME	TOTAL	EXPENSES	TOTAL
Salary		Loans	
Bonuses & Commissions		Charge Account Bills	
Income From Rental Property		Monthly Bills	
Investment Income		Real Estate Mortgages	
Other Income		Other Debts- Itemize	
Total Income		Total Expenses	

LIST OF ASSETS: _____

PERSONAL REFERENCES

CONTACT NAME: _____ **PHONE NUMBER:** _____ **EMAIL:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

RELATIONSHIP: _____ **HOW MANY YEARS:** _____

CONTACT NAME: _____ **PHONE NUMBER:** _____ **EMAIL:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

RELATIONSHIP: _____ **HOW MANY YEARS:** _____

CONTACT NAME: _____ **PHONE NUMBER:** _____ **EMAIL:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

RELATIONSHIP: _____ **HOW MANY YEARS:** _____

****COLLECTION FEE RESPONSIBILITY NOTICE****

Applicant agrees to pay for the merchandise at the prices set forth in the invoices provided by the Creditor under the terms of payment and due date as set forth herein. Applicant further agrees that in the event that the account becomes past due, the Applicant shall be responsible for all cost of collection, including but not limited to collection fees, Attorney fees, cost of the action and all other incidental and consequential damages incurred by the Creditor in the collection of this account. All past due accounts shall bear interest at the rate of 18% per annum until paid in full.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Needed in conjunction with NCI Business Credit Application.

Signature

Date