

New Customer Application

Return completed application to:
Attn: Customer Service
Fax #: (216) 881-6977
Email: novagard@novagard.net

PLEASE PRINT OR TYPE

Company Information		
Name of Business:		Federal Tax ID # (Required)
DBA:		D&B #
Address		Phone
City:	State:	Zip: Country
Type of Business	In Business Since:	Fax
Ownership / Location: (mark as applicable) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Headquarters <input type="checkbox"/> Branch <input type="checkbox"/> Single location <small>(Complete Headquarters information)</small>		Sales Tax: <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable <small>(A valid Sales Tax Exemption is required)</small>

How did you hear about us?	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Distributor	<input type="checkbox"/> Web Site	<input type="checkbox"/> Advertisement
	<input type="checkbox"/> Trade Show/Exhibit	<input type="checkbox"/> Other		

Bill To:	
Name of Business:	Phone
Address	Fax
City:	State: Zip: Country

Ship To:	
Name of Business:	Phone
Address	Fax
City:	State: Zip: Country

Parent/Headquarter Information:	
Name of Business:	Federal Tax ID #
Address	Phone
City:	State: Zip: Country

Contacts		
Accts Payable Contact	Phone	Email
Purchasing Contact	Phone	Email
CFO/Controller Contact	Phone	Email

Electronic Invoicing Check Box <input type="checkbox"/> Yes No <input type="checkbox"/>
If yes checked, enter email address of Dept or person handling invoice payment _____

Credit Terms

Are you applying for Open Credit? Yes (complete credit information) No (cash in advance)

Credit Terms Information

Credit Limit requested	Method of Payment		
	<input type="checkbox"/> ACH/Wire Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check

Novagard Solutions, Inc. has standard credit terms of Net 30 days.

Do you accept these terms? Yes No

Bank Reference

Institution Name

Address

City: State: Zip: Phone

Contact Name Title Email

Account # Checking Savings

Trade References

Business Name Contact

Address Phone

City: State: Zip: Email

Account Opened: Credit Limit Current Balance

Business Name Contact

Address Phone

City: State: Zip: Email

Account Opened: Credit Limit Current Balance

Business Name Contact

Address Phone

City: State: Zip: Email

Account Opened: Credit Limit Current Balance

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 agree to prompt and proper payment in consideration of extended credit.

Name (printed) _____ Title _____

Signature _____ Date _____

Novagard Solutions USE ONLY:

F. O. B. Ship Via Rep. Id No.

Territory Mgr. Other Customer Number

Form: 20-F0-CreditApp
Effective Date: 8/22/14