|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NADALIE USA**business account credit application | | | | | | | | | | |
| **Business Contact Information** | | | | | | | | | | |
| Title: | | | | | | | | | | |
| Company name: | | | | | | | | | | |
| Phone: | Fax: | | | E-mail: | | | | | | |
| CA Resale #: | | | | | Federal ID#: | | | | | |
| Officer or Responsible Party: | | | | | | | | | | |
| Registered address: | | | | | | | | State: | | ZIP Code: |
| City: | | | | | | | | | | |
| Date business commenced: | | Partnership: | | | | Corporation: | | | Sole Proprietorship: | |
| **BANKING INFORMATION** | | | | | | | | | | |
| Primary business address: | | | | | | | | State: | | ZIP Code: |
| City: | | | | | | | | | | |
| How long at current address? | Fax: | | E-mail: | | | | | | | |
| Telephone: | | | | | | | | | | |
| Bank name: | | | | | | | | Phone: | | |
| Bank address: | | | | | | | | State: | | ZIP Code: |
| City: | Account number | | | | | | | | | |
| Type of account |  | | | | | | | | | |
| Savings |  | | | | | | | | | |
| Checking |  | | | | | | | | | |
| **BUSINESS TRADE REFERENCES** | | | | | | | | | | |
| To expedite the process, please provide related trade references that you have established net terms with.  \*PLEASE PROVIDE FAX NUBERS AND/OR EMAIL ADDRESSES FOR EACH TRADE REFERENCE | | | | | | | | | | |
| Company name: | | | | | | | | | | |
| Address: | | | | | | | State: | | | ZIP Code: |
| City: | Fax: | | | | | | E-mail: | | | |
| Phone: | | | | | | | | | | |
| Company name: | | | | | | | | | | |
| Address: | | | | | | | | State: | | ZIP Code: |
| City: | Fax: | | | | | | E-mail: | | | |
| Phone: | | | | | | | | | | |
| Company name: | | | | | | | | | | |
| Address: | | | | | | | State: | | | ZIP Code: |
| City: | Fax: | | | | | | E-mail: | | | |
| PHONE: | | | | | | | | | | |
| 1. Agreement | | | | | | | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days.   By submitting this application, you authorize Nadalie USA. to make inquiries into the banking and business/trade references that you have supplied. | | | | | | | | | | |
| Signatures | | | | Title:  Date: | | | | | | |