



NEW BUSINESS ACCOUNT & CREDIT APPLICATION

Sales Rep:		Region:	
BUSINESS CONTACT INFORMATION			
Name/Title:			
Company name:			
Phone:	Fax:	E-mail:	
CA Resale #:	Federal ID#:	TTB#:	
Officer or Responsible Party:			
Registered business address:			
City:	State:	ZIP Code:	
Billing address (if different):			
ATTN:	City:	State:	ZIP Code:
Date business commenced:	Partnership:	Corporation:	Sole Proprietorship:
ONLY IF REQUESTING CREDIT TERMS, PLEASE COMPLETE ALL SECTIONS BELOW:			
BANKING INFORMATION			
Years at current address?		Credit Amount Requested:	
Bank name:	Bank Contact:	Phone:	
Bank address:			
City:	State:	ZIP Code:	
Bank Account Type/Number:			
BUSINESS TRADE REFERENCES			
To expedite the process, please provide related trade references that you have established net terms with. *PLEASE PROVIDE FAX NUMBERS 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:			

NADALIE USA GENERAL TRADE TERMS AS INVOICED ARE NET 30, 1.5%. ALL INVOICES ARE DUE AND PAYABLE AT 30 DAYS AND SUBJECT TO A 1.5% PER MONTH LATE CHARGE.
 BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE NADALIE USA TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

Agreed by:	Signature:	
	Name/Title:	
	Date:	