



PHONE: (205) 663-1500

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www.nsrw.com

APPLICATION FOR CREDIT

FROM:

_____			Years at this Address _____	
Name of Firm				
_____			_____	
Address			Area Code	Phone
_____			_____	
City	State	Zip	Area Code	Fax
			E-mail address: _____	

RESALE NUMBER: _____

The following information must be provided. It will be held in the strictest confidence.

Corporation ___ Check here if incorporated ___ Partnership ___ Individual ___
In the past 12 months

- | | | |
|--------------------|------------------|-------|
| 1. _____ | _____ | _____ |
| Name of Principals | Complete Address | Phone |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

_____	_____
BANK NAME	BANK OFFICER OR DEPT.
_____	_____
Bank Address	Phone/Fax

REFERENCES:	
1. _____	_____
	Fax Number/Phone Number
2. _____	_____
	Fax Number/Phone Number
3. _____	_____
	Fax Number/Phone Number
4. _____	_____

Check here if cash sales are okay until credit is approved _____

We hereby certify that the information given on this form is true and correct to the best of my knowledge. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____ (Title) _____

Date _____