



chemical solutions to concrete problems

APPLICATION FOR CREDIT / CREDIT AGREEMENT

Credit approval cannot be granted without a completed, signed application.

CREDIT TERMS: Nox-Crete's standard credit terms are 1% / 10 days, Net 30 unless otherwise specified. The signature of an authorized representative of your firm indicates agreement to these terms.

COMPANY INFORMATION

Company Name _____ Federal ID # _____

Do you plan on being the importer or goods or would you like Nox-Crete to do so? We Will Nox-Crete

Bills Paid By: Local Branch Corporate Office

Billing Address

Street Address/P.O. Box _____

City _____ State/Province _____ Zip _____ Country _____

Shipping Address Same as Billing

Street Address/P.O. Box _____

City _____ State/Province _____ Zip _____ Country _____

Phone Number _____ Email Address _____ Website _____

Type Of Business: Corporation/LLC Partnership Proprietorship

In Business Since: _____

List Company Owners/Officers/Partners

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

DEPARTMENT CONTACT INFORMATION

Accounts Payable Name _____

Phone Number _____ Email Address _____

Purchasing Name _____

Phone Number _____ Email Address _____

CREDIT INFORMATION

Estimated Monthly Purchase Amount: Less Than \$10,000 \$10,000 - \$30,000 \$30,000 - \$50,000 Over \$50,000

Is Financial Statement Available? Yes No

Annual Sales \$ _____ Estimated Net Worth \$ _____

BANK REFERENCE

Financial Institution _____ Account # _____

Street Address/P.O. Box _____

City _____ State/Province _____ Zip _____ Country _____

Contact Name _____ Phone Number _____

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COMMERCIAL TRADE REFERENCES

Company _____ Contact Name _____
Street Address/P.O. Box _____
City _____ State/Province _____ Zip _____ Country _____
Phone _____ Email _____

Company _____ Contact Name _____
Street Address/P.O. Box _____
City _____ State/Province _____ Zip _____ Country _____
Phone _____ Email _____

Company _____ Contact Name _____
Street Address/P.O. Box _____
City _____ State/Province _____ Zip _____ Country _____
Phone _____ Email _____

I acknowledge that I am an authorized representative of my company and can on their behalf apply for and accept the terms of credit offered by Nox-Crete, Inc. I authorize release of credit information to Nox-Crete, Inc. for this purpose.

Signature _____

Printed Name _____

Title _____

Company _____

Date _____

**** EMAIL COMPLETED & SIGNED FORM TO BRANDEE KRUEGER AT bkrueger@nox-crete.com**