

Noark Electric (USA), Inc.

2188 Pomona Blvd.

Pomona, CA 91768

Tel: 626.330.7007 Fax: 626.330.8035



CREDIT APPLICATION

COMPANY INFORMATION

Tax ID		Date business commenced	
Company name		Type of Business	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Phone Fax			
E-mail			
Registered company address City, State, ZIP Code			

BUSINESS AND CREDIT INFORMATION

Bank name:		Primary business address City, State, ZIP Code	
City, State, ZIP Code		How long at current address?	
Phone Fax		Contact	
E-mail		Account number	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Year Acct opened	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Payment Terms/Credit Limit		Contact	
Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Payment Terms/Credit Limit		Contact	
Company name		Phone	
Street Address		Fax	
City, State ZIP Code		E-mail	
Payment Terms/Credit Limit		Contact	

AGREEMENT

1. All invoices are to be paid based on the payment term, as stated on the invoice.
2. Claims arising from invoices must be made within seven business days after invoice date.
3. By submitting this application, you authorize Noark Electric (USA), Inc to make inquiries into the banking and business/trade references listed above.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Noark Electric (USA) Inc.

DEAR CUSTOMER :

Please complete below and **SIGN** the authorization to release your bank information. Thank you.

COMPANY NAME: _____

BANK NAME: _____ PHONE: _____

BANK CONTACT: _____ FAX: _____

EMAIL: _____

CHECKING A/C#: _____ SAVINGS A/C#: _____

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

FOR BANK USE ONLY

Date: _____

To Whom It May Concern:

The above referenced customer has applied for credit with Noark Electric (USA) Inc. Please find the above signature authorizing for release of information. All information will be held strictly confidential.

CHECKING A/C# _____ ACCOUNT OPEN: _____

AVERAGE BALANCE _____ NSF: _____ No _____ Yes

CREDIT LINE, if any _____

SAVINGS A/C# _____ ACCOUNT OPEN: _____

AVERAGE BALANCE _____

COMPLETED BY: _____ TITLE: _____

Thank you for your assistance. Please contact us if you have any questions.