

CREDIT APPLICATION FORM

Company Name:

Address:

City:

State:

Zip Code:

Tel:

Fax:

Type of Business

Number of years in business

Legal form of business

☐ Proprietorship

☐ Partnership

☐ Corporation

Sales Tax Status:

☐ Exempt Tax Exemption # (if applicable)

☐ Non-Exempt _____

Principal Owners of Stockholders:

Name: _____

Title: _____

Address: _____

Social Security No: _____

Name: _____

Title: _____

Address: _____

Social Security No: _____

Credit Information: (Required)

Annual Sales: _____ Number of Employees: _____ Net worth of company: _____

Name of Bank: _____ Address: _____

Account Number: _____ Checking #: _____ Officer: _____

Major Trade Reference which you have established credit with:

Name of Supplier: _____ Address: _____ Phone: _____

Name of Supplier: _____ Address: _____ Phone: _____

Name of Supplier: _____ Address: _____ Phone: _____

Please forward your completed form to NAT Parts via facsimile at (905) 857-8118