



CONFIDENTIAL CREDIT APPLICATION

For Office Use Only
Division: MHD OEM DIS OTHER

NWP SALESPERSON/CONTACT: _____

APPLICANT'S COMPANY NAME: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Remit to Address: _____ City: _____ State: _____ Zip Code: _____

Company Phone: _____ Fax: _____ Email: _____

ACCOUNT CONTACT: _____ PH: _____ Fax: _____

Acct. Contact's Email Address: _____

General Business Information

Line of Business: _____ Year Established: _____

Business Type: Corporation Partnership Limited Partnership Proprietorship Government
 Non-Profit

Owner(s) / Officer(s): _____ Title: _____

_____ Title: _____

_____ Title: _____

Order Acknowledgement Recipient: _____ PH: _____ Fax: _____

Email Acknowledgements To: _____

Accounts Payable Contact: _____ PH: _____ Fax: _____

Email Invoices To: _____

Shipping/Receiving Contact: _____ PH: _____ Fax: _____

Receiving Department's Email Address: _____

If a corporation, is your company a subsidiary or division of another entity? Yes No

If yes, please indicate name and address: _____

Dun & Bradstreet Number: _____ Headquarters Subsidiary

Resale: Yes No **Tax Exempt:** Yes No **If yes, Sales Tax#:** _____

PLEASE NOTE: SALES TAX WILL BE ADDED TO ALL INVOICES UNLESS TAX EXEMPTION OR RESALE CERTIFICATE IS PROVIDED

Anticipated monthly purchases: \$ _____

Expected high credit: \$ _____

Bank Reference

Institution Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone :() _____ Fax :() _____ E-Mail _____

Account #: _____ Contact: _____

Business Credit Reference(s)

ALL INFORMATION TO BE HELD IN CONFIDENCE

TRADE REFERENCES:

(THE FOLLOWING CONTACT INFORMATION'S REQUIRED BY APPLICANT ON EACH TRADE REFERENCE TO AVOID ANY DELAY IN PROCESSING.)

NAME / COMPANY _____ ACCOUNT # _____

PH _____ Fax _____ E-MAIL _____

CREDIT CONTACT NAME _____

NAME / COMPANY _____ ACCOUNT # _____

PH _____ Fax _____ E-MAIL _____

CREDIT CONTACT NAME _____

NAME / COMPANY _____ ACCOUNT # _____

PH _____ Fax _____ E-MAIL _____

CREDIT CONTACT NAME _____

NAME / COMPANY _____ ACCOUNT # _____

PH _____ Fax _____ E-MAIL _____

CREDIT CONTACT NAME _____

STATEMENT OF POLICY REGARDING ACCOUNT

Terms

Credit terms are **Net 30**. In consideration of open account terms with Nashville Wire Products, Inc., applicant agrees to all terms and conditions as set forth. This application and information contained is accurate and is a request for extension of credit. Nashville Wire Products, Inc., reserves the right, without notice to the applicant, to withdraw or modify credit privileges at any time. Applicant agrees that in the event the grantor of credit deems it necessary to take precautionary measures to secure the amounts represented by the account and/or to employ other services in an effort to collect such amounts (the "Additional Expenses"), the Additional Expenses shall be added to and becomes a part of the account. Applicant also agrees that should litigation become necessary, jurisdiction will be in Davidson County, Tennessee.

Interest & Service Charge Policy

If credit is extended; Applicant agrees to strictly abide by the terms of sale and the policies set forth in this application. It is the policy of Nashville Wire Products, Inc. to charge an amount equal to one and one-half percent (1½%) per month, accrued at the end of each month, on invoices which are past due under the terms of sale and which are unpaid at that time. Applicable interest & service charges will become a part of this account.

Verification of Credit Information

Applicant authorizes any bank or business with which the Applicant currently has, or previously has had accounts, lending relationships or other business relationships with, to give any and all necessary information to Nashville Wire Products, Inc., which will assist in the credit investigation. Applicant also agrees to allow a personal credit report if it is warranted.

Default

It is understood that should the applicant allow an invoice to remain unpaid for sixty (60) days from the invoice date, all charges to the account will become due and payable immediately regardless of the terms of sale, unless otherwise specifically agreed to in writing by Nashville Wire Products. Any failure of grantor to exercise its option to take such action will not constitute a waiver and will not be a precedent for future action. Applicant also agrees that should litigation become necessary, jurisdiction will be in any court of the State of the Tennessee, Davidson County, Tennessee.

Completion of Sections A, B, & D is required. You may attach a pre-printed company form for Sections C & D if all information requested by NWP on this application is provided.

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained in this credit application is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

IMPORTANT TO APPLICANT: NWP'S APPLICATION MUST BE READ PRIOR TO SIGNING BY AUTHORIZED PERSON

Signature

Date

Print Name

**TAX EXEMPT APPLICANTS:
Resale Certificate Must Accompany Application**