

Credit Terms Information			
Credit Limit requested	Method of Payment <input type="checkbox"/> ACH/Wire Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Check		
Novagard Solutions, Inc. has standard credit terms of Net 30 days. Do you accept these terms? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bank Reference			
Institution Name			
Address			
City:	State:	Zip:	Phone
Contact Name	Title	Email	
Account #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Trade References			
Business Name			Contact
Address			Phone
City:	State:	Zip:	Email
Account Opened:	Credit Limit	Current Balance	

Business Name			Contact
Address			Phone
City:	State:	Zip:	Email
Account Opened:	Credit Limit	Current Balance	

Business Name			Contact
Address			Phone
City:	State:	Zip:	Email
Account Opened:	Credit Limit	Current Balance	

I hereby certify that the information contained herein 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 agree to prompt and proper payment in consideration of extended credit.

Name (printed) _____ Title _____

Signature _____ Date _____

Novagard USE ONLY:		
Shipping Terms	Ship Via	Partner
Sales Rep	Level	Customer Category
Buying Group (if Applicable)	Parent Account (If Applicable)	