

# New Customer Application

Return completed application to your Sales Rep

Company Information		
Name of Business:		Tax ID # (Required)
DBA:		D&B #
Address		Phone
City:	State:	Zip: Country
Type of Business	In Business Since:	Fax
Ownership / Location: (mark as applicable) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Headquarters <input type="checkbox"/> Branch <input type="checkbox"/> Single location <small>(Complete Headquarters information)</small>		Sales Tax: <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable <small>(A valid Sales Tax Exemption is required)</small>
Bill To:		
Name of Business:		Phone
Address		Fax
City:	State:	Zip: Country
Ship To:		
Name of Business:		Phone
Address		Fax
City:	State:	Zip: Country
Parent/Headquarter Information:		
Name of Business:		Tax ID #
Address		Phone
City:	State:	Zip: Country
Contacts		
Accts Payable Contact	Phone	Email
Purchasing Contact	Phone	Email
CFO/Controller Contact	Phone	Email
How did you hear about us? <input type="checkbox"/> Salesperson <input type="checkbox"/> Distributor <input type="checkbox"/> Web Site <input type="checkbox"/> Advertisement <input type="checkbox"/> Trade Show/Exhibit <input type="checkbox"/> Other _____		
Credit Terms		
Are you applying for Open Credit? <input type="checkbox"/> Yes (complete credit information) <input type="checkbox"/> No (cash in advance)		

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?  Yes  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)	