

CREDIT APPLICATION FOR A BUSINESS ACCOUNT			
BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:		Email:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:		Partnership:	Corporation: Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address:			
Telephone:		Email:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. Payment terms 1 % 10 net 30 days 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Polynova Nissen Inc. to make inquiries into the banking and business/trade references that you have supplied. 			
SIGNATURES			
Title:		Title:	
Date:		Date:	