



National Fuse Products, Inc.

CREDIT APPLICATION

CONTACT INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Billing Address:			
City:		State:	ZIP Code:
Business Type <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Year Business Started:
Accounts Payable Contact	Name:		
Phone:	Fax:	E-mail:	

BANK REFERENCE

Bank name:		Bank Contact:	
Phone:	Fax:	Email:	
Checking Acct#	Savings Acct#	Credit Line#	

BUSINESS/TRADE REFERENCES

#1) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
#2) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
#3) Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

TAX STATUS

<input type="checkbox"/> Please Charge Sales Tax	<input type="checkbox"/> Tax Exempt – Please attach State Sales Tax Exemption Form
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AGREEMENT

1. National Fuse will extend credit, Net 30 terms. Maximum credit amount will be assigned by National Fuse.
2. Customer agrees to pay invoice by due date.
3. Customer authorizes above bank and trade references to release credit reference information.
4. In the event of past due invoices, and collections action becomes necessary, Customer agrees to pay all costs of collection, including court costs and reasonable attorney's fees along with interest on the unpaid balance at a rate of 18% per annum.

SIGNATURE

_____ Date _____
Signature

Printed Name:
Title:

(Signature of individual authorized to approve release of information from bank)