

---

Company Name

---

Billing Address

---

City State ZIP

---

Purchasing Contact

---

Phone Fax

---

E-mail

---

Accounts Payable Contact

---

Phone Fax

---

E-mail

---

Shipping Contact

---

Phone Fax

---

E-mail

---

**Trade References**

---

Company 1:

---

Account #

---

Address

---

City State ZIP

---

Phone Fax

---



---

Company 3:

---

Account #

---

Address

---

City State ZIP

---

Phone Fax

---

**Bank Reference**

---

Bank Name

---

Account #

---

Address

---

City State ZIP

---

Phone Fax

---

I authorize the bank named above to release information about my account to *Nickell Moulding Company, Inc.* This information is to be used to establish an open line of credit with *Nickell Moulding Company, Inc.*

---

Signed Date

---

Shipping Address

---

City State ZIP

---

Preferred Carrier

---

If UPS:  Commerical  Residential

---

Prepaid & Charge  Collect

---

LTL  Flat Bed  Designated Car.

---

Unloading:  Forklift  Hand  Lift

---

Terms:  Open  COD  Visa  Mastercard

---



---

Company 2:

---

Account #

---

Address

---

City State ZIP

---

Phone Fax

---



---

Company 4:

---

Account #

---

Address

---

City State ZIP

---

Phone Fax

---

**Company Information**

---

Date Company Started

---

Type of Business

---

Number of Employees

---

Estimated Annual Sales

---

Credit Limit Requested

---



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Prepared by Date