



NSA, Inc.
51 Glenn Street
Lawrence, MA 01843
Andover, MA 01810
Fax: 866-670-2346

CREDIT APPLICATION

GENERAL INFORMATION

Company Name: _____

DBA: _____

Parent Company (if subsidiary): _____

Billing Address: _____

City, State and Zip: _____

Phone: _____ Fax: _____

Website: _____ E-Mail: _____

A/P Contact: _____ Sales Contact: _____

Nature of your business: _____ Annual Sales: _____

Resale Tax # or Tax Exempt #: _____ Dunn & Bradstreet #: _____

Year Established: _____ Circle One: Corporation LLC Partnership Individual

CREDIT & TRADE REFERENCES (open, active accounts) (Fax numbers must be included to process credit ap)

Reference #1 _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____ Account #: _____

Reference #2 _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____ Account #: _____

Reference #3 _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____ Account #: _____

Reference #4 _____ Phone () _____

Address _____ Fax () _____

City _____ State _____ Zip _____ Account #: _____

Terms Requested?: _____ Credit line requested: _____

***** PLEASE COMPLETE THE SECOND PAGE AS WELL *****

BANK INFORMATION

Bank: _____ Representative: _____

Address: _____

Phone: _____ Fax: _____

Checking Account #: _____ Savings Account #: _____ Other #: _____

American Express #: _____ Expiration: _____

Visa/Master Card #: _____ Expiration: _____

TO BE COMPLETED BY CORPORATIONS AND LLC'S ONLY

Principal(s): _____ Title: _____ Soc Sec #: _____

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Incorporated under the laws of what state? _____ Year: _____ Federal ID #: _____

TO BE COMPLETED BY INDIVIDUALS AND PARTNERSHIPS ONLY

Employer's Name: _____ Position: _____

City / State: _____ Phone: _____

Social Security #: _____ Drivers License #: _____

TO BE COMPLETED BY ALL APPLICANTS

Have you ever filed for bankruptcy?: _____ Disposition: _____

Do you require use of Purchase Orders or other references?: _____

Persons authorized to place orders: _____

TAX EXEMPTION CERTIFICATE

Please include a signed tax exemption certificate for each ship-to state in which customer is not legally required to collect sales and/or use taxes. In order of preference, one of the following documents is required:

- a) Uniform Sales & Use Tax Certificate, OR
- b) Customer's signed Original Certificate of Exemption, OR
- c) Customer's signed Photocopy of their Original Certificate of Exemption (i.e., the photocopy itself must be signed).

FINANCIAL STATEMENTS

Please include a copy of your most recent financial statements.

TERMS AND CONDITIONS

Most financial banking institutions, as well as other businesses, require a signature prior to releasing any financial information. By signing this form, I/we hereby authorize the release of any and all credit information to be released to NSA, Inc.

Buyer agrees to pay NSA a monthly service charge equal to 10 percent of the amount due or the sum of \$50.00, whichever is greater, on all accounts that are delinquent for 30 days or more, for the purpose of deferring expenses and costs related to additional record keeping, accounting, billing, and other additional measures necessary or appropriate to control and collect payment.

In addition, for each check that is returned unpaid, Buyer agrees to pay NSA a service charge equal to 10 percent of the amount of the check or the sum of \$50.00, whichever is greater.

If any action is instituted in a court to enforce this Agreement or any provision of this Agreement, the prevailing party is entitled to recover reasonable attorney's fees and all costs of suit from the other party, in addition to any other relief to which the prevailing party may be entitled.

This Agreement is governed by and construed in accordance with the laws of the State of California. Jurisdiction is agreed to be in Los Angeles County, California.

In consideration of the extension of credit terms, the undersigned severally and/or collectively personally guarantee the payment of all charges made by and/or on behalf of the applicants, plus attorney fees, court and all other costs of collection should collection proceedings become necessary.

Authorized Signature: _____

Date: _____

Print Name: _____

Title: _____

Authorized Signature: _____

Date: _____

Print Name: _____

Title: _____

**All Sales Representatives, please fill this page out and send it with the credit application.
Thank you.**

Terms Desired: _____

Credit Limit Desired: _____

Sales Representative #: _____

Price Level: _____

If no Price Level applies, please attach separate price sheet.

Warehouse: _____

Additional Ship To Addresses:

1) Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2) Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Notes: If your customer desires to send in their own credit sheet, they must still complete:

Page 1 – General Info

Page 2 – To be Completed by All

Page 3 – Signed Terms and Conditions