



**Nakshbandi, USA.**

149W, 28<sup>th</sup> Street, 3<sup>rd</sup> Floor  
New York, NY 10001  
(P) 770-370-4851  
(F) 770-370-4852

“Creating an *IMPRESSION*”

**BILLING/SHIPPING INFORMATION**

Official Company Name: \_\_\_\_\_

D.B.A Name: (if different) \_\_\_\_\_

Bill to: \_\_\_\_\_ Ship to: (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Fax: \_\_\_\_\_ A/P Fax: \_\_\_\_\_

**BUSINESS INFORMATION**

Check One:       Corporation    Partnership    Proprietorship    Subsidiary of or    Division of \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Type of Business: \_\_\_\_\_

D&B #: \_\_\_\_\_ (Please provide us with copies of all tax exemption certificates)

President/CEO: \_\_\_\_\_

VP/Finance: \_\_\_\_\_

Treasurer/Controller: \_\_\_\_\_

A/P Manager: \_\_\_\_\_

**BANK INFORMATION**

Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

**TRADE REFERENCES**

<b>Reference 1:</b>	_____	<b>Reference 2:</b>	_____
Contact Name:	_____	Contact Name:	_____
Phone #:	_____	Phone #:	_____
Fax #:	_____	Fax #:	_____
<b>Reference 3:</b>	_____	<b>Reference 4:</b>	_____
Contact Name:	_____	Contact Name:	_____
Phone #:	_____	Phone #:	_____
Fax #:	_____	Fax #:	_____

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 hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_