

NSI - Network Sales, Inc.

#3 TLC Lane

St. Clair MO 63077

springs@nsihd.com www.nsihd.com

Phone 636-629-5800 Fax 636-629-6500

Customer Profile

Billing

Company / Firm Name

Address

City

State

Zip

Phone Number ())

Fax Number ())

Ship To

Address

City

State

Zip

Date Business Started

Type of Business:

Corp

Partnership

Proprietor

FEIN#

Sales Tax ID #

Sales Tax Will Be Charged Unless an Exemption Certificate is Provided

President

Vice President

Secretary

Treasurer

A/P Contact

Email

@

Parts Mgr.

Email

@

Asst. Parts Mgr.

Email

@

Office Hrs.

Receiving Hrs.

Are Purchase Orders Required? Yes No

What is Your Projected Required Credit?

What is Your Projected Monthly Purchase Volume?

Ship or Cancel Back Orders?

References - Bank

| | |
|-------------|-------------|
| #1 Name | #2 Name |
| Address | Address |
| Acct # | Acct# |
| Contact | Contact |
| Phone # () | Phone # () |
| Fax # () | Fax # () |

References – Trade

| | |
|----------------|----------------|
| #1 Name | #2 Name |
| Address | Address |
| City State Zip | City State Zip |
| Contact | Contact |
| Phone # () | Phone # () |
| Fax # () | Fax # () |

| | |
|----------------|----------------|
| #3 Name | #4 Name |
| Address | Address |
| City State Zip | City State Zip |
| Contact | Contact |
| Phone # () | Phone # () |
| Fax # () | Fax # () |

Application for Credit

Terms of Sale

Payment of all invoices is due 30 days from invoice date unless other arrangements have been made. We email invoices daily and statements on the first of each month. If no email address is available we will mail the invoice only.

Company / Firm Name

Address

City

State

Zip

I, for and on behalf of my business, hereby request open account terms with Network Sales, Inc. In consideration of the extension of credit to my business, I affirm that payment shall be made according to the terms and if payments are not so made, then a service charge of one and one half per cent, (1.5%), which is eighteen percent, (18%), per annum, shall be applied and added to all past due amounts. My company and/or business also agrees to pay all of the expenses of collection, including court costs and attorney's fees should it become necessary to refer this account for collection. I also affirm that I am authorized to make this statement.

Name

(Please print)

Signature

Signature of authorized corporate officer, general partner, or business owner ONLY PLEASE.

Position:

Date:
