

817 Avenue B
Scottsbluff , NE 69361
Phone: 308-635-3128
Fax: 308-635-7424
www.nwpscottsbluff.com



Credit Application

CN. _____

Date: _____

Business Name: _____

Shipping Address: _____
City State Zip

Billing Address: _____
City State Zip

Type of Business: Corporation _____ Partnership _____ Sole Propr. _____

Service offered by Business: _____

Years in Business: _____ Contractors or Master Plumbers License# _____

Whom License Registered: _____

List names of Officers / Partners

Phone # _____ Fax # _____

Email Address: _____

Owner: _____ Account Contact: _____

Do you require PO# _____ Do you require Job names: _____

Do you require sales tax: _____ if no please send resale form with application.

Tax information: Percentage: _____ County: _____ State: _____

Do you require packing slip to display pricing: _____

Do you want your invoices & statements faxed, emailed, or just mailed to you? (will be sent to above billing address/email address/fax number)

Fax: _____ **Email:** _____ **Regular Mail :** _____

Bank Information

Bank Name: _____ Phone # _____

Bank Address: _____

City State Zip
Account information: Checking: _____ Savings: _____ Loan: _____

Bank Contact Person: _____

List Three (3) Wholesale References:

****PLEASE COMPLETE THE VENDOR INFORMATION RELEASE BELOW TO AUTHORIZE THE RELEASE OF YOUR CREDIT INFORMATION FROM YOUR WHOLESALE REFERENCES!****

Name: _____

Address: _____
City State Zip

Account# _____ Phone# _____ Fax # _____

Name: _____

Address: _____
City State Zip

Account# _____ Phone# _____ Fax # _____

Name: _____

Address: _____
City State Zip

Account# _____ Phone# _____ Fax # _____

List of Persons Authorized to Purchase on this Account:

Terms of Sale:

Our Receivables are closed at month's end

Our terms of sale will be specified on the invoice

Late payment-a 11/2% time pay on account past 30 days

I (We) personally agree to the terms and conditions of sale that are shown on this form, and personally guarantee that the above applicant will adhere to these terms.

Date _____ Signature of Officer/Owner _____

Office use

Credit Code: _____ Terms: _____ Territory: _____

Sales ID: _____ Credit Limit: _____

Payment Method: _____

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VENDOR INFORMATION RELEASE

The undersigned authorizes Northwest Pipe Fittings of Scottsbluff to check with his/her banks, credit reporting agencies, and/or credit references for the purpose of evaluating the creditworthiness of the undersigned in connection with the Customer's obligations to Northwest Pipe Fittings of Scottsbluff.

Signature of Owner, Partner, or Authorized Representative

Title

Date