



## APPLICATION FORM

**Instructions:** Please fill out this form completely and include a photocopy of your **Reseller Permit**.

**Part 1:** Please mark one.

- Open an NBS Account & apply for credit.
- Open an NBS Account only.

**Part 2:** Create your NBS Online account. *(Passwords are 8 characters minimum, must include upper and lower case and a number)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part 3:** Company Information.

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

Billing Address: \_\_\_\_\_  
Street City State Zip

Shipping Address: \_\_\_\_\_  
Street City State Zip

State Tax ID#: \_\_\_\_\_

**Part 4:** Purchasing Department.

Contact: \_\_\_\_\_  
First and last name Phone Fax

E-mail: \_\_\_\_\_

**Part 5: Accounting Department.**

Contact: \_\_\_\_\_  
First and last name Phone Fax

E-mail: \_\_\_\_\_

**Part 6: Trade Reference. (All 3 trade references must be filled out completely.)**

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

Address: \_\_\_\_\_  
Street City State Zip

Contact: \_\_\_\_\_  
First and last name Phone Fax

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

Address: \_\_\_\_\_  
Street City State Zip

Contact: \_\_\_\_\_  
First and last name Phone Fax

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

Address: \_\_\_\_\_  
Street City State Zip

Contact: \_\_\_\_\_  
First and last name Phone Fax

**Part 7: Bank Information. (Only fill out this section if applying for NBS credit.)**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact: \_\_\_\_\_  
First and last name Phone Fax

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax back (469-263-1454) or e-mail (ehsu@nbsfasteners.com) the completed form along with a photocopy of your **Reseller Permit**. Thank you.