



# NCCER APPLICATION FOR CREDIT

Company name: \_\_\_\_\_ Tax ID number: \_\_\_\_\_  
 Billing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web site: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of ownership:  corporation  partnership  sole proprietor  government  non-profit  other

Years in business: \_\_\_\_\_ Tax-exempt:  Y  N

Parent company names (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## BANK REFERENCES

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account no.: \_\_\_\_\_ Contact: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account no.: \_\_\_\_\_ Contact: \_\_\_\_\_

## OPEN ACCOUNTS REFERENCES

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account no.: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account no.: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account no.: \_\_\_\_\_

Requested credit amount: \$ \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>Internal Use Only</b>		
Date: _____	Credit limit: _____	Approved by: _____
CC required: <input type="radio"/> Y <input type="radio"/> N		