



Justrite Safety Group

CREDIT APPLICATION

Accuform NMC Both Brands

To become an AccuformNMC distributor:

Complete & Sign Application

W-9 Form – Signed (Separate/distinct W9's must be submitted to both brands)

Resale/Sales Tax Exemption Certificate - *Completed & Signed with Accuform and/or NMC's name and address filled in as the Seller*

Billing Address

Legal Business Name: _____

DBA -Doing Business As: _____

A/P Contact: _____

Address: _____

City: _____ ST/PROV.: _____ Zip/Postal: _____ Country: _____

A/P Phone: _____ A/P Fax: _____ A/P E-mail: _____

DUNS#

Physical Address

Contact / Buyers Name: _____

Address: _____ Years at this Address: _____

City: _____ ST/PROV.: _____ Zip/Postal: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Pricing Contact

Name: _____

Phone: _____

Email: _____

Invoices are sent by email (please provide email address):

EMAIL _____

Describe the nature of your business or organization.

Please check all options that best suit the industry you serve.

Industrial

Construction

Education

MRO

Utility

Other: _____

PetroChem

Graphic Supply/Printing

Lab/Scientific

Medical

Member of a Buying Group

Affiliated Distributors

Evergreen

NetPlus Alliance

STAFDA

(AccuformNMC is not a member)

Other _____

None

Invoices may be sent from either brand, please remit to specific address on invoice!

REMIT TO ACCUFORM:

PO Box 208724
Dallas, TX 75320-8724
credit@accuform.com

REMIT TO National Marker Company:

100 Providence Pike
North Smithfield, RI 02896
ar@nationalmarker.com

Accuform Phone: 800-237-1001

www.accuform.com

NMC Phone: 800-453-2727

www.nationalmarker.com

Ownership (Legal Entity):

Date Business Started: _____

Name(s) of Principal(s)

1. _____ Phone: _____ Email: _____

Complete Address: _____

2. _____ Phone: _____ Email: _____

Complete Address: _____

3. _____ Phone: _____ Email: _____

Complete Address: _____

Bank References

Bank Name & Address

1. _____ Phone: _____ Email: _____

Complete Address: _____

2. _____ Phone: _____ Email: _____

Complete Address: _____

Business References

Name & Address

1. _____

Phone: _____ Fax: _____ Email: _____

2. _____

Phone: _____ Fax: _____ Email: _____

3. _____

Phone: _____ Fax: _____ Email: _____

4. _____

Phone: _____ Fax: _____ Email: _____

The Applicant hereby authorizes AccuformNMC to check Applicant's credit history, Duns Number, trade, and bank references for customary credit information, to confirm the information contained in the Application including, but not limited to, sending a copy hereof to the trade reference. Applicant agrees to provide updated credit information as requested.

I/we understand and agree that any credit granted shall be paid promptly in accordance with the credit terms and that the credit grantor may add 1 1/2% per month or the highest rate permitted under applicable law, whichever is lower, to the balance owed beyond terms. In the event of a default, the debtor will be required to pay grantors reasonable collection charges and/or attorney fees.

YES We would like to go paperless and send payments to Accuform and/or National Marker Company via ACH

Please contact: _____ at by phone or email: _____

NO We cannot pay via ACH

Signed: _____

Printed Name: _____ Title: _____

Date: _____ 20_____