

Trade Name: _____

Date: _____

BILL TO ADDRESS

Mailing Address: _____

City: _____ State: _____ Zip: _____

SHIP TO ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTS PAYABLE

Contact: _____
Telephone: _____ Cell Phone: _____
Please check if you want us to fax invoices email invoices
Fax: _____
E-Mail: _____

PURCHASING

Contact: _____
Telephone: _____ Cell Phone: _____
Job Location if Applicable: _____
Fax: _____
E-Mail: _____

Do you want to receive special offers via e-mail? Yes No E-Mail: _____

Type of Business (*check one*) Individual Partnership Corporation Limited Liability Company Other

Taxpayer Identification Number: _____ D-U-N-S Number: _____ SIC Code: _____

Number of years in business: _____ check here if less than one year Date business started: _____ # of Employees: _____

Tax Status: Taxable Non-Taxable Tax Number: _____ Business Description: _____
Please submit exemption certificate if tax exempt.

Monthly Credit Requested: \$ _____ PO Required: Yes No Statement Required: Yes No

OWNERS or OFFICERS

Name: _____ Title: _____ SS#/Fed ID #: _____ Telephone: _____

Name: _____ Title: _____ SS#/Fed ID #: _____ Telephone: _____

BANK INFORMATION

Bank Used: _____ Address: _____ Telephone: _____

TRADE REFERENCES

Company Name: _____
Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

TRADE REFERENCES

Company Name: _____
Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Company Name: _____
Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Company Name: _____
Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

I/we certify the above information is true and correct. NH Bragg may check the information I/we have given or any other creditor or credit reporting agency necessary to establish my/our credit status. I/we also agree that NH Bragg may give other creditors and credit reporting agencies information regarding the company's experience with me/us on this account.
I/we understand that this account is due, in U.S. dollars, in accordance with the terms stated on the invoice. I/we agree to pay this account within terms or to pay interest on past due amounts at a rate of 18% per annum or 1-1/2% per month.
I/we further agree to pay any charges incurred in the collection of this account, to include but not limited to, reasonable attorney fees, collection agency fees, filing costs and servicing fees.

Signed: _____ Title: _____ Date: _____
(Full name of authorized representative) (Owner, manager, etc.)