

● Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Is this a branch of subsidiary? (Please list parent company, location and phone number)

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

● Business Structure:  Corporation  Partnership  
 Sole Proprietorship  Other \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Type of Trade: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Requested Credit Limit: \_\_\_\_\_

Please List Company Officers or Principals:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

● Accounts Payable Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Invoice Recipient Email: \_\_\_\_\_

Are Purchase Order Numbers Required:  Yes  No

Authorized Buyers: \_\_\_\_\_

Credit References (Name, Phone, & Email):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

● Bank: \_\_\_\_\_ Officer: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

● Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to credit@nickelrockllc.com

All invoices are due and payable in full to our place of business within thirty (30) days of the invoice receipt date. Any and all attorney fees, court costs, and collection agency fees incurred in the process of recovering outstanding debts shall be the sole responsibility of the debtor. Invoices that remain unpaid for more than sixty (60) days will be subject to a financing fee of five percent (5%) per month, compounded monthly, until the balance is paid in full.