



COMMERCIAL CREDIT APPLICATION

● 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.