



NEP Electronics Credit Application

Please complete this form and return to:
Fax: 1(630) 595-4013
Or via Email: Accounting@nepelectronics.com

Company Information

Legal Business Name: _____

Main Phone: _____ Fax: _____

Billing Address:
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Shipping Address:
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Company Contact Information

Accounting Contact: _____

Contacts e-mail address: _____

Accounting Phone: _____ Ext. _____

Accounting Fax: _____

Company Business Information

Type of Business: _____

Number of Employees: _____ Year Established: _____

Organization Type: Corp. Partnership Sole Proprietorship Other

Company Tax Information

Tax Exempt? YES NO Federal Tax-Exempt No. _____

Resale # _____



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Bank Reference Information

Bank Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Account Number: _____
 Bank Officer: _____
 Phone Number: _____ Ext. _____
 Fax Number: _____
 Loans: Yes No

Trade Reference 1

Minimum of three (3) current suppliers

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Account Contact: _____ Account No.: _____
 Phone Number: _____ Fax Number: _____

Trade Reference 2

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Account Contact: _____ Account No.: _____
 Phone Number: _____ Fax Number: _____

Trade Reference 3

Company Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Account Contact: _____ Account No.: _____
 Phone Number: _____ Fax Number: _____

Applicant's signature attests financial responsibility, ability, and willingness to pay invoices in accordance with terms set by NEP Electronics, Inc.

Signed: _____

Title: _____ Date: _____