

APPLICATION FOR CREDIT

NEW ACCOUNT ___ **UPDATE** ___ (check one) **ACCOUNT NUMBER** (update only) _____

LEGAL BUSINESS NAME _____

BILLING ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

FAX _____ **WEBSITE** _____

DATE STARTED _____ **CORPORATION** ___ **PARTNERSHIP** ___ **SOLE PROPRIETERSHIP** ___ (check one)

PARENT COMPANY _____ **STATE INCORPORATED** _____

FEDERAL ID # or SOCIAL SECURITY # _____

___ **TAXABLE** ___ **EXEMPT** (check one) **JOB SPECIFIC?** ___ **PLEASE ATTACH PROPER TAX EXEMPTION FORM**

ACCOUNTING CONTACT _____ **EMAIL** _____

INVOICES & STATEMENTS EMAILED TO: _____

OWNERS AND/OR PRINCIPAL OFFICERS:

NAME _____ **TITLE** _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

NAME _____ **TITLE** _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

NAME _____ **TITLE** _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

___ **PAY IN ADVANCE** ___ **½%-10 NET 30 TERMS** (check one) **AMOUNT REQUESTED** _____

I/WE HEREBY AUTHORIZE NIM TO OBTAIN CREDIT INFORMATION FROM BANKS, SUPPLIERS, & CREDIT AGENCIES AS NECESSARY. I/WE WITH APPROVED CREDIT, FURTHER AGREE TO BE RESPONSIBLE TO PAY FOR MATERIALS ACCORDING TO THE TERMS EXTENDED BY NIM, AND AGREE TO PAY SERVICE CHARGES OF 1.5% PER MONTH OR 18% ANNUM ON LATE PAYMENTS. I/WE AGREE THAT VENUE FOR ANY LEGAL ACTION WILL BE IN MADISON COUNTY, NEBRASKA. IF COLLECTION OF THIS ACCOUNT BECOMES NECESSARY, I/WE AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING, BUT NOT LIMITED TO REASONABLE ATTORNEY'S FEES AND COST OF SUIT INCURRED. I/WE ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. FAXED and/or DIGITAL SIGNATURE MAY BE USED IN PLACE OF ORIGINAL SIGNATURE.

SIGNATURE _____ (owner/officer only)

NAME _____ **TITLE** _____

CREDIT REFERENCES MUST BE COMPLETED ON NEXT PAGE



APPLICATION FOR CREDIT

BANKING INFORMATION

BANK NAME _____ ACCOUNT # _____

ACCOUNT MANAGER _____ LOAN # _____

ADDRESS _____ CITY _____ STATE _____

EMAIL _____ PHONE _____ FAX _____

FINANCIAL INFORMATION *(please attach most recent financial statement and/or fill out section below)*

ANNUAL SALES _____ ANNUAL NET INCOME _____

CURRENT ASSETS _____ CURRENT LIABILITIES _____

TOTAL ASSETS _____ TOTAL LIABILITIES _____

NET WORTH _____ WORKING CAPITAL _____

NUMBER OF EMPLOYEES _____ PRODUCT LINE _____

NATURE OF BUSINESS _____

TRADE REFERENCES *(please attach sheet and/or fill out section below)*

NAME _____ CITY _____ STATE _____

EMAIL _____ PHONE _____ FAX _____

NAME _____ CITY _____ STATE _____

EMAIL _____ PHONE _____ FAX _____

NAME _____ CITY _____ STATE _____

EMAIL _____ PHONE _____ FAX _____

NAME _____ CITY _____ STATE _____

EMAIL _____ PHONE _____ FAX _____

ADDITIONAL INFORMATION

PLEASE SEND COMPLETED FORM TO:

EMAIL - NewAccount@nimgroup.com

FAX – 402.387.7602