

NxtWall
5200 S. Sprinkle Rd
Kalamazoo, MI 49002
Ph: 269-488-2752
Fax: 269-488-2754



Sales Rep: _____
email: **info@nxtwall.com**
website: **www.nxtwall.com**

Confidential Credit Application

Date: _____ Taxable () Non-Taxable () Permit No.: _____
Name of firm: _____ Business Classification: _____
Street address: _____ PO Box: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Complete Appropriate Spaces:

Corporation _____ Partnership _____ Proprietorship _____
Name of President & Treasurer, Owner or Partner: _____
State Incorporated & Year: _____
If Branch or Division, location of home office: _____
Person to contact regarding Accounts Payable: _____

Will Firm submit a financial statement upon request? YES () NO ()

	<u>Bank Reference</u>	<u>Account Number</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Business / Trade References - Please ensure the fax number is listed.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Can you anticipate your monthly volume with us? \$ _____

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. THE UNDERSIGNED AGREES TO PAY FOR SUCH MATERIALS AND/OR SERVICES WITHIN 30 DAYS FROM DATE OF BILLINGS. The undersigned understands that a service charge at the maximum amount allowable by law is charged each month for past due balances unpaid. In the event of default the undersigned agrees to pay reasonable attorney's fees and other costs incurred in collection.

_____ Name (Type / Print)	_____ Title	_____ Name (Signature)	_____ Title
------------------------------	----------------	---------------------------	----------------

In consideration of credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, completed and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. That I will, within five days from date of notice that the account is past due, pay the amount due.

_____ Individual (Type / Print)	_____ Individual (Signature)
------------------------------------	---------------------------------