



9100 Bond Street • Overland Park, KS 66214
Tel. 913-599-5200 • Toll Free. 800-671-5505 • Fax. 913-599-5222

FOR INTERNAL USE ONLY

Customer Name _____
Nuvidia Acct# _____ Amount Approved _____
Approval Signature _____ Date _____

Date: _____

Full Legal Company Name: _____

Billing Address: _____ City, State, Zip _____

Shipping Address: _____ City, State, Zip _____

Telephone Number: _____ Fax Number: _____

Accounts Payable Contact: _____ AP Contact Email: _____

Type of Business: _____ Length of time in business: _____

Ownership: Corporation Partnership Sole Proprietor Limited Liability Company

State of Registry: _____ Fed ID # _____ State Resale # _____

Name of previous business? _____ Approximate line of credit needed? _____

Owner's Names, Addresses and Social Security Numbers:

Name: _____ Title: _____ SS#: _____

Address: _____ City: _____ State: _____

Name: _____ Title: _____ SS#: _____

Address: _____ City: _____ State: _____

Trade References:

1. Name: _____ FAX: _____ Telephone: _____

Acct # _____ Contact: _____ Email: _____

2. Name: _____ FAX: _____ Telephone: _____

Acct # _____ Contact: _____ Email: _____

3. Name: _____ FAX: _____ Telephone: _____

Acct # _____ Contact: _____ Email: _____

Bank Reference:

Bank Name: _____ Telephone: _____ FAX: _____

Checking Account # _____ Officer's Name: _____ Email: _____

Terms and Conditions

1. New Customers without references submitted... C.O.D. OR CASH WITH ORDER.
2. New Customers with references submitted, will be extended Net 30-day terms after approval. (Terms are from date of invoice).
3. Any invoice past due may be subject to a 1 1/2% (one-and-one half percent), per month finance charge.
4. If legal action is required because of a delinquent account purchaser will pay all legal expenses.
5. New orders will not be shipped if there are past-due invoices on the account.

It is hereby certified that the information given is true and correct to the best of our knowledge. If approved we agree to pay all charges according to the terms and conditions as stated by Nuvidia. If we fail to do so, then we agree to pay any late charges, collection expense, attorney fees or service charges if collection procedures are instituted. This hereby authorizes Nuvidia to verify information on our company, including requesting reports from any commercial or consumer credit reporting service.

The applicant and Nuvidia shall deem a signed Facsimile copy of this agreement an original.

**Please sign
and date !!**



Signed By: _____

Date: _____

Printed Name: _____

Title: _____