



CREDIT APPLICATION

Please provide Nexstep Commercial Products with a copy of your **resale certificate for sales tax exemption**. For this application to be given proper consideration, all questions must be answered and signed by an Officer, Owner, or Partner. For questions, contact Toni at 937-322-5163, Ext. 123.

Please fax the completed application to Toni at 937-322-6826 or email it to toni@ocedarcommercial.com.

COMPANY INFORMATION

NAME OF FIRM OR INDIVIDUAL: _____

NEXSTEP SALES REP NAME & AGENCY: _____

TRADE NAME: _____

PHONE #: _____
FAX : _____

BILLING ADDRESS: _____

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING): _____

FEDERAL I.D. #: _____

SALES TAX EXEMPT #: _____

BUYING GROUP AFFILIATION (circle):

- AFFLINK DPA UNITED
- NISSCO SMA None
- UNIPRO EXCELL

Other: _____

ACCEPTS BACKORDERS? Yes ___ No ___

ACCEPTS EMAILED INVOICES? Yes ___ No ___

OWNERSHIP

Type of Entity:
Corporation _____
Partnership _____
Individual _____

Date Incorporated: _____
Date Business Established Under Present
Ownership: _____

Have you or your company ever been involved in a bankruptcy action, other litigation, or made an assignment for the benefit of creditors? Yes ___ No ___
(If Yes, explain on additional sheet.)

NAMES OF PRINCIPAL OFFICERS:

TITLES:

COMPANY: _____

BANKING

BANK NAME: _____ ACCT #: _____

ADDRESS: _____

BANK OFFICER: _____ PHONE: _____

EMAIL: _____

CONTACTS

PURCHASER/BUYER: Email: _____

Name: _____ Phone: _____

ADVANCE SHIPMENT NOTIFICATION : Email: _____

Name: _____ Phone: _____

ACCOUNTS PAYABLE: Email: _____

Name: _____ Phone: _____

TRADE REFERENCES

1) BUSINESS NAME: _____

CITY & STATE: _____

PHONE NUMBER: _____ FAX #: _____

EMAIL: _____

2) BUSINESS NAME: _____

CITY & STATE: _____

PHONE NUMBER: _____ FAX #: _____

EMAIL: _____

3) BUSINESS NAME: _____

CITY & STATE: _____

PHONE NUMBER: _____ FAX #: _____

EMAIL: _____

COMPANY: _____

(TRADE REFERENCES - continued)

4) BUSINESS NAME: _____

CITY & STATE: _____

PHONE NUMBER: _____ FAX #: _____

EMAIL: _____

5) BUSINESS NAME: _____

CITY & STATE: _____

PHONE NUMBER: _____ FAX #: _____

EMAIL: _____

THE UNDERSIGNED AGREES THAT ALL PURCHASES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

- * All amounts due for goods and services purchased from Nexstep Commercial Products will be paid in full.
- * All amounts due Nexstep Commercial Products are payable 30 days from the date of invoice unless otherwise stated on the invoice.
- * The undersigned shall notify Nexstep Commercial Products by certified mail, return receipt requested, of any change of the undersigned ownership.
- * Nexstep Commercial Products is hereby authorized to contact the undersigned's bank and trade references for credit information in connection with this application and such bank and trade references are hereby authorized to provide Nexstep Commercial Products with such information.
- * In the event the account becomes delinquent and is turned over to an attorney for collection, the undersigned shall pay the legal fees incurred by Nexstep Commercial Products to the extent permitted by the law of the state in which collection action is taken, plus all attendant collection charges.
- * All orders are subject to approval and acceptance by Nexstep Commercial Products. No sales agent or employee of Nexstep Commercial Products has authorization to accept any order or purchase order except as set forth herein, unless such authority is granted expressly in writing by the President of Nexstep Commercial Products.

SIGNED: _____ DATE: _____

TITLE: _____

PRINTED NAME: _____ PRINTED TITLE: _____

Please fax this application to Toni at 937-322-6826 or email it to toni@cedarcommercial.com.