



NORTHWEST Contractors Supply, Inc.

664 Circle Drive, Casper WY 82601
Phone 307-472-5421 Fax 307-577-7773
www.nwcasper.com

Application for Open Credit Account

Date _____

Firm or Trade Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Office Fax: _____

Accounts Payable Contact: _____ AP Phone: _____

Accounts Payable Email: _____

Would you like to be added to our email list for special events and promotions? **YES NO**

Email _____

Nature of Business: _____ Year Established: _____

Sole Owner or Partnership: Please provide the following information

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

Corporations: Please list corporate officers

Name: _____ Title: _____

Name: _____ Title: _____

Bank Reference: _____ Account Number: _____

City: _____ State: _____ Phone: _____

For Office Use Only

Account # _____ Credit Limit _____ Credit Refs Rec'd _____ Terms Letter Sent _____

Credit References: PLEASE FILL OUT COMPLETELY. INCOMPLETE INFORMATION MAY RESULT IN DENIAL OF CREDIT

Email address or fax number MUST be provided for each company.

- 1. Name: _____ Fax: _____ Phone: _____ State: _____
- 2. Name: _____ Fax: _____ Phone: _____ State: _____
- 3. Name: _____ Fax: _____ Phone: _____ State: _____

Your Requirements

I wish to receive invoices and statements via: **FAX** **EMAIL** **USPS**

Do you require a purchase order? _____ If yes, in hand? _____

Do you require job names? _____ Numbers _____ Both _____

Are your purchases for resale? **Yes / No** If so, please include your certificate of exemption with your application. *Sales tax is charged to your account until a certificate of exemption is on file in our office.*

Please attach a list of personnel authorized to sign for product on your account.

- **If you do not require a PO at time of purchase and you do not attach a list of authorized signers, you assume full responsibility for any product signed for in your company's name, regardless of signer's employment status with you.**

_____ Authorized Signer List attached and/or PO/Job Number required

***** It is your responsibility to notify NWCSI of changes in authorized signers *****

Our Terms and Conditions

- 1. All purchases will be paid in full within 30 days from date of invoice. Any balance remaining unpaid after this time will be PAST DUE, and subject to a late charge of 1 ½% per month until paid in full. At any time when the account is past due the seller may engage in collection services for collection and the undersigned agrees to allow all reasonable collection fees and court costs to be added to the principal balance.
- 2. The undersigned authorizes the seller to deliver merchandise to any person representing him or herself as an employee or representative of the purchaser and his or her signature will constitute acceptance by the purchaser. If you do not have a current authorized signers list on file or a PO system in place, you will be responsible for any merchandise signed for in your company's name.
- 3. No merchandise will be returned for credit without the written consent of the seller. Merchandise accepted for return will be subject to a minimum 20% restocking fee. Special orders are billed to your account at the time of receipt at our facility. Special order items are NON refundable, regardless of when or if you pick the order up from our facility.

I certify that all the information on this form is correct. Further, I fully understand Northwest Contractors Supply, Inc's credit terms and I agree to the proper payment in consideration of extended credit.

Signature: _____ Position: _____

Name Printed: _____ Phone: _____ Date: _____