



Northern

Credit Application FAX Completed Application to: Bill Scheidegger - 603-926-0598

BUSINESS INFORMATION	Full Legal Business Name	Tax Identification Number	
	Billing Address	Dunn & Bradstreet Number	
	City/ County/ State/ Zip		
	Contact	Phone No.	Fax No.
	Type of Business	Years in Business	No. of Employees
	Principal/ Partner/ Officer	Social Security No	Credit Line Requested
	Home Street Address		
	City/ State/ Zip		Phone No.

BANK REFERENCES	BANK NAME	ACCOUNT/ LOAN OFFICER	Phone NO.
	ADDRESS (CITY / STATE)	CHECKING / LOAN ACCOUNT NO.	
	BANK NAME	ACCOUNT/ LOAN OFFICER	Phone NO.
	ADDRESS (CITY / STATE)	CHECKING / LOAN ACCOUNT NO.	

TRADE REFERENCES TRADE REFERENCES (LIST BELOW THE NAMES OF THE PRINCIPAL FIRM WITH WHOM YOU HAVE ESTABLISHED CREDIT)

Company Name	Acct No		
Street Address	Phone No.		
City	State	ZIP	FAX NO.
Company Name	Acct No		
Street Address	Phone No.		
City	State	ZIP	FAX NO.
Company Name	Acct No		
Street Address	Phone No.		
City	State	ZIP	FAX NO.

***** APPLICATION MUST BE FILLED OUT COMPLETELY*****

Credit Terms are 30 days from the date of invoice. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent debt.

_____	_____	_____
Name	Title	Date