



CREDIT APPLICATION

Credit Department → Please RUSH!

1281 PUERTA DEL SOL • SAN CLEMENTE, CA 92673

This form must be completed and signed to process your application. Please attach any additional information you wish to include. Thank you for your time and interest in NDA.

Date: _____

Sales Rep: _____

COMPANY INFORMATION

Business Name _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

Type of Business _____ Date Established _____

Corporation Partnership Proprietorship LLC Tax ID # _____

Annual Sales Volume _____ Expected Monthly Business with NDA \$ _____

Any company with a California "ship to" address must complete and return a resale card with valid resale permit number, or pay appropriate state taxes. If you need a card sent to you, please check here : _____.

RESPONSIBLE PARTIES: OWNER, PRESIDENT, ETC.

Name _____ Title _____

Name _____ Title _____

BANK REFERENCES

Bank _____ Account 1 # _____

Bank Officer _____ Account 2 # _____

Phone # _____ Fax # _____

Loan Type _____ Loan # _____ Loan Balance _____

TRADE REFERENCES

Company/Contact	Phone	Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and other references to release account information to NDA Distributors, LLC.

COMPANY NAME _____

AUTHORIZED BY (SIGNATURE) _____

PLEASE PRINT NAME _____