



Nordon, LLC, One Cabot Blvd East, Langhorne, PA 19047 215 504-4700 www.nordoninc.com

CREDIT APPLICATION

Please fill out the application in its entirety in order to expedite the credit process.

For your convenience, we accept most major credit card payments.

Date: ___/___/___

Credit Line Requested: \$ _____

Estimated Annual Purchases: \$ _____

BUSINESS INFORMATION:

Legal Business Name: _____ Phone: _____

Contact: _____ Title: _____ FAX: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Type of Business: ___ Corporation ___ Partnership ___ Sole Proprietorship ___ Non Profit

Status of Practice/Business: ___ New ___ Established ___ Years in Business

Tax Exempt: ___ Yes ___ No Tax Exempt #: _____

Owner/Principal: _____ SS#: _____

Home Address: _____ City, State, Zip: _____

Owner/Principal _____ SS# _____

Home Address _____ City, State, Zip _____

Owner/Principal _____ SS# _____

Home Address _____ City, State, Zip _____

BANK AND TRADE RELATIONSHIPS:

Primary Bank: _____ Phone: _____ Fax: _____
Bank Officer: _____ Account#: _____

TRADE REFERENCES:

Company Name: _____ Contact Name: _____
Phone #: _____ Fax #: _____

Company Name: _____ Contact Name: _____
Phone #: _____ Fax #: _____

Company Name: _____ Contact Name: _____
Phone #: _____ Fax #: _____

Company Name: _____ Contact Name: _____
Phone #: _____ Fax #: _____

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within 30 days of date of delivery, or unless other Terms are agreed upon; (2) any charges unpaid after the above 30 days are to be increased by 1.5% per month; (3) any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within thirty days, or charges are considered accepted; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED

Authorized Signature: _____ Date: ____/____/____

Title: _____

Please fax back to the Nordon Credit Dept. at 215-486-5435

For questions and credit card details, please contact Melissa Delgado at 215-504-4700, ext. 216 or 267-594-4017

