NOBEL Woodworking Supply Inc.
2435 East Iona, Idaho Falls, ID 83401 ● www.nobelsupply.com ● Ph (208) 529-3367 Fax (208) 529-3481

Credit Application

Company name _____ Date _____ E-Mail_____

Cell # _____ Phone # _____ Fax #_____

Shipping Address _____City _____ Zip _____

Mailing Address _____City _____ Zip _____

Date business started _____ How long at this location _____ Resale no. _____

Type of business/Organization (check one): ☐Sole proprietorship ☐Partnership ☐Corporation (Please list officers)

Name of all owners, partners or officers Title Address Phone SSN

_____

_____

Trade References:

Name:_____ **Name**:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Phone#:_____ Phone#:_____

Fax#_____ Fax#_____

Name:_____ **Name**:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Phone#:_____ Phone#:_____

Fax#_____ Fax#_____

Name:_____ **Name**:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Phone#:_____ Phone#:_____

Fax#_____ Fax#_____

Bank References:

Name of bank:_____ Name of bank:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Phone#:_____ Phone#:_____

Account#_____ Account#_____

The applicant authorizes the use of a facsimile of this document as verification or release of information by references to the Seller. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1 ½ % per month or 18 % per annum on any delinquent account, collection fees and/or attorney fees. This shall be an open and continuing guarantee, not withstanding any changes, removals, extensions or the like granted by the Seller. If a corporation, this agreement must be signed by an officer. If a partnership, this agreement must be signed by all general partners.

_____ _____ _____

Print name (owner, officer, general partner) Signature Date

For Office Use Only

Credit Limit _____ Date _____ Initial _____