



**APPLICATION FOR CREDIT**

NEW ACCOUNT  UPDATE  (check one) ACCOUNT NUMBER (update only) \_\_\_\_\_

LEGAL BUSINESS NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

DATE STARTED \_\_\_\_\_ CORPORATION  PARTNERSHIP  SOLE PROPRIETERSHIP  (check one)

PARENT COMPANY \_\_\_\_\_ STATE INCORPORATED \_\_\_\_\_

FEDERAL ID # or SOCIAL SECURITY # \_\_\_\_\_

TAXABLE  EXEMPT  JOB SPECIFIC  (check one) (please attach proper tax exemption form)

ACCOUNTING CONTACT \_\_\_\_\_ EMAIL \_\_\_\_\_

INVOICES & STATEMENTS EMAILED TO: \_\_\_\_\_

**OWNERS AND/OR PRINCIPAL OFFICERS:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

PAY IN ADVANCE  1/2%-10 NET 30 TERMS (check one) AMOUNT REQUESTED \_\_\_\_\_

*I/WE HEREBY AUTHORIZE NIM TO OBTAIN CREDIT INFORMATION FROM BANKS, SUPPLIERS, & CREDIT AGENCIES AS NECESSARY. I/WE WITH APPROVED CREDIT, FURTHER AGREE TO BE RESPONSIBLE TO PAY FOR MATERIALS ACCORDING TO THE TERMS EXTENDED BY NIM, AND AGREE TO PAY SERVICE CHARGES OF 1.5% PER MONTH OR 18% ANNUM ON LATE PAYMENTS. I/WE AGREE THAT VENUE FOR ANY LEGAL ACTION WILL BE IN MADISON COUNTY, NEBRASKA. ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. FAXED and/or DIGITAL SIGNATURE MAY BE USED IN PLACE OF ORIGINAL SIGNATURE.*

SIGNATURE \_\_\_\_\_ (owner/officer only)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**CREDIT REFERENCES MUST BE COMPLETED ON NEXT PAGE**



**APPLICATION FOR CREDIT**

**BANKING INFORMATION**

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ACCOUNT MANAGER \_\_\_\_\_ LOAN # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**FINANCIAL INFORMATION** *(please attach most recent financial statement and/or fill out section below)*

ANNUAL SALES \_\_\_\_\_ ANNUAL NET INCOME \_\_\_\_\_

CURRENT ASSETS \_\_\_\_\_ CURRENT LIABILITIES \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_ TOTAL LIABILITIES \_\_\_\_\_

NET WORTH \_\_\_\_\_ WORKING CAPITAL \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_ PRODUCT LINE \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

**TRADE REFERENCES** *(please attach sheet and/or fill out section below)*

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEND COMPLETED FORM TO:**

**EMAIL - [NewAccount@nimcorp.com](mailto:NewAccount@nimcorp.com)**

**FAX – 402.379.5418**