



Nakshbandi, USA.

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Doraville, Georgia 30340

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“Creating an *IMPRESSION*”

BILLING/SHIPPING INFORMATION

Official Company Name: _____

D.B.A Name: (if different) _____

Bill to: _____

Ship to: (if different) _____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: Corporation Partnership Proprietorship Subsidiary of or Division of _____

Years in Operation: _____ Type of Business: _____

D&B #: _____ (Please provide us with copies of all tax exemption certificates)

President/CEO: _____

VP/Finance: _____

Treasurer/Controller: _____

A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account #: _____ Phone #: _____

Complete Address: _____

TRADE REFERENCES

Reference 1: _____ **Reference 2:** _____

Contact Name: _____ Contact Name: _____

Phone #: _____ Phone #: _____

Fax #: _____ Fax #: _____

Reference 3: _____ **Reference 4:** _____

Contact Name: _____ Contact Name: _____

Phone #: _____ Phone #: _____

Fax #: _____ Fax #: _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signed: _____ Date: _____