

NADALIE USA BUSINESS ACCOUNT CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
CA Resale #:	Federal ID#:		
Officer or Responsible Party:			
Registered address:			City:
State:	Country:		Zip Code:
Date business commenced:	Partnership:	Corporation:	
Sole proprietorship:		Other:	

Business and Credit Information

Primary business address - Street:			
City:	State:	Country:	ZIP Code:
How long at current address?	E-mail:		
Telephone:	Fax:		
Bank name:			Phone:
Bank address:			Fax:
City:	State:	Country:	Zip Code:
Type of accounts:	Account numbers:		
Savings			
Checking			
Other			

Business/trade references

<i>Company name:</i>			
Address:	State:	ZIP Code:	
City:	Fax:	E-mail:	
Phone:			
<i>Company name:</i>			
Address:	State:	ZIP Code:	
City:	Fax:	E-mail:	
Phone:			
<i>Company name:</i>			
Address:	State:	ZIP Code:	
City:	Fax:	E-mail:	
Phone:			

Agreement

All invoices are to be paid 30 days from the date of the invoice unless otherwise specified.

Claims arising from invoices must be made within seven working days.

BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE NADALIE USA. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

Signature	Title
Print Name:	Date: