

**BWP-NSI**

#3 TLC Lane

St. Clair MO 63077

[springs@nsihd.com](mailto:springs@nsihd.com) [www.nsihd.com](http://www.nsihd.com)

Phone 636-629-5800 Fax 636-629-6500

**Customer Profile**

**Billing**

Company / Firm Name

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Address

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City

State

Zip

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Phone Number (     )     )

Fax Number (     )     )

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**Ship To**

Address

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City

State

Zip

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Date Business Started

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Type of Business:

Corp

Partnership

Proprietor

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FEIN#

Sales Tax ID #

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Sales Tax Will Be Charged Unless an Exemption Certificate is Provided

President

Vice President

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Secretary

Treasurer

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A/P Contact

Email

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Parts Mgr.

Email

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Asst. Parts Mgr.

Email

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Office Hrs.

Receiving Hrs.

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Are Purchase Orders Required?  Yes  No

Accept Backorders?  Yes  No

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What is Your Projected Required Credit?

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What is Your Projected Monthly Purchase Volume?

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### References - Bank

#1 Name	#2 Name
Address	Address
Acct #	Acct#
Contact	Contact
Phone # ( )	Phone # ( )
Fax # ( )	Fax # ( )

### References – Trade

#1 Name	#2 Name
Address	Address
City State Zip	City State Zip
Contact	Contact
Phone # ( )	Phone # ( )
Fax # ( )	Fax # ( )

#3 Name	#4 Name
Address	Address
City State Zip	City State Zip
Contact	Contact
Phone # ( )	Phone # ( )
Fax # ( )	Fax # ( )

**Application for Credit**

**Terms of Sale**

Payment of all invoices is due 30 days from invoice date unless other arrangements have been made. We email invoices daily and statements on the first of each month. If no email address is available we will mail the invoice. No Statement will be sent.

Company / Firm Name

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Address

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City

State

Zip

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I, for and on behalf of my business, hereby request open account terms with BWP-NSI. In consideration of the extension of credit to my business, I affirm that payment shall be made according to the terms and if payments are not so made, then a service charge of one and one half per cent, (1.5%), which is eighteen percent, (18%), per annum, shall be applied and added to all past due amounts. My company and/or business also agrees to pay all of the expenses of collection, including court costs and attorney's fees should it become necessary to refer this account for collection. I also affirm that I am authorized to make this statement.

Name

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(Please print)

Signature

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Signature of authorized corporate officer, general partner, or business owner ONLY PLEASE.

Position:

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Date:

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