



Date
Name of business
Address
City
State
Zip
Phone
Sole Ownership
Partnership
Corporation
Years established
Years under current ownership
Name of owner
Name of accounts payable contact
Dun & Bradstreet #
Resale License

FINANCIAL REFERENCES

Name of bank
Branch
Address
City
State
Zip
Accounts #
Bank official who handles your account
Phone

TRADE REFERENCES

(Credit history of two or more years. Non-Factored)

1. Name/Account #
Address
City
State
Zip
Person to contact
Phone
Fax
2. Name/Account #
Address
City
State
Zip
Person to contact
Phone
Fax
3. Name/Account #
Address
City
State
Zip
Person to contact
Phone
Fax
4. Name/Account #
Address
City
State
Zip
Person to contact
Phone
Fax

NOTE This application must be fully completed and signed to be processed. Until this application is processed, all orders may be (please choose one): [ ] Immediately shipped C.O.D. [ ] Held until credit is approved (All new accounts for \$400 or less are automatically shipped C.O.D.)

If this application is not complete it will be returned, thereby affecting your shipping priority.

Applicant agrees that any suit, action, or proceeding arising out of or relating to the granting of credit to Applicant by Nomadic Traders, Inc., including but not limited to delinquent payments, shall be instituted in the United States District Court for the Northern District of California or any court in the state of California located in Alameda County.

I certify the above information is accurate and agree to make full payment within the terms stated on the order and invoice.

Signature

Title

Thank you for taking the time to complete this application.