## Nixalite® of America Inc

## **Credit Application and Financial Agreement**

Line of Credit Desired	l:	D&B	Number & F	tating:	
Name of Firm or Corporatio	n:				
Date:					
0					
City:			State:	Zip:	
Type of Business:				Established:	
Corporation	artnership	Proprietorship	Oth	ner:	
FEIN or Social Security Nur	nber:				
Corporations: List name					wnere
Name	es of officers are	Address	ities. List iid	City/Stat	
Name		Address		Olty/Otal	e/2ip
Trade References:					
			Phone:		
Company Name: Street Address:			F-mail·		
City/State/Zip:					
Company Name:			Pnone:		
Street Address: City/State/Zip:					
· · · · · · · · · · · · · · · · · · ·					
Company Name:					
City/State/Zip:			Fax:		
Bank Information:					
Bank Name:			Contact Nar	ne:	
Street Address:				Zip:	
Checking Acct #:				:#:	
Phone:	E-mail:				
Bank Name:				ne:	
Street Address:				Zip:	
Checking Acct #:				:#:	
Phone:	E-mail:		J	Fax:	

## Nixalite® of America Inc's Credit Terms and Policies

Payment is jointly, severally, and unconditionally guaranteed within 30 days of delivery. Any charges unpaid after the above 30 days are increased by 1.5% per month. Any charges still outstanding after 90 days from date of delivery are subject to collection, and all collection or arbitration expenses, attorneys' fees and court costs will be borne by the purchaser. Title to all work shall remain with the creditor until all invoices and additional charges have been paid in full. All claims, requests for adjustments, or notification of errors must be made within 30 days, or charges are considered accepted. This agreement shall apply to all current and future charges unless revocation is received by registered mail. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.

I certify that the provided information is accurate. I have read and do accept Nixalite® of America Inc's credit terms and policies described above.

## Signature Required.

Authorized signature is written consent for references and banks to release credit information.

Authorized Signature:		
Print Name:		
	(Company officer)	
Company:	Date:	

Changes to Nixalite® terms and policies will void your application.

Notification will follow credit approval.



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www.nixalite.com