



NTI, Ltd.
 P.O. Box 47
 2000 7th Ave. N
 P: (641) 357-3922 F: (641) 357-2799
contactus@ntilimited.com

CONFIDENTIAL CREDIT APPLICATION TO NTI, LTD.

We (herein the "Company") apply for the extension of credit from the above indicated company. We expect our TOTAL MONTHLY requirements to be \$_____. ALL OPEN ACCOUNT REQUESTS REQUIRE A FINANCIAL STATEMENT TO BE SUBMITTED WITH THIS APPLICATION. The following information is submitted as a basis for your consideration of our application.

BUSINESS NAME: _____

D.B.A/TRADE STYLE: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

LINE OF BUSINESS: _____

CORPORATION () CORPORATE I.D. # _____ Branch() Division() Subsidiary() of _____

If incorporated, state in which incorporated _____ Year Started _____

PARTNERSHIP () LIMITED PARTNERSHIP () SUB-CHAPTER "S" CORP () PROPRIETORSHIP ()

OFFICER: Name _____ Title _____

Email: _____

SALES CONTACT: Name _____ Title _____

Email: _____

ACCOUNTING CONTACT: Name _____ Title _____

Email: _____

OWNER: Name _____ Home Address: _____

Email: _____ Social Security #: _____

TRADE REFERENCES (Give only names of those you buy from on open account). Please fill out completely.

Name/Address: _____

Phone/Fax or Email: _____

Name/Address: _____

Phone/Fax or Email: _____

Name/Address: _____

Phone/Fax or Email: _____

BANK REFERENCE

Name: _____ Address: _____ Acct #: _____

Phone/ Fax or Email: _____

We understand the above indicated company may add a service charge of 1.5% per month, 18% per annum, or the highest rate allowed by law to all past due invoices, except where prohibited by law. We understand that an invoice is considered past due if not paid within the terms stated on the invoice, and service charges may be assessed monthly on all past due invoices. We do hereby agree to pay the same. The undersigned further agrees to pay all expenses, including, but not limited to, court and collection costs, legal and administrative expenses, and attorney fees paid or incurred by the above indicated company in endeavoring to collect the sums due and owing by the Company.

I (we) grant permission for any person or reporting agency to furnish to the above indicated company all information which may periodically be requested. The information provided is true and correct and understand that any false information may result in cancellation of any account which may be established. I understand that the credit terms and limits are at the sole discretion of the above indicated company and may be changed at any time. Venue will be the sole discretion of the above indicated company.

SIGNATURE: _____ DATE: _____

TITLE: _____