

**CREDIT APPLICATION - COMMERCIAL ACCOUNT**

Please return via Fax: (888)876-7982, or E-mail: kaye@nospillsystems.com



BUSINESS CONTACT INFORMATION			
Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	Zip:	
Date business commenced:			
Type of business (circle one):	Proprietorship	Corporation	Other:

BUSINESS AND CREDIT INFORMATION			
Primary Business address:			
City:	State:	Zip:	
Telephone:	Fax:	E-mail:	
Fed. Tax ID #:	State Tax#		
Accounts Payable Contact:			
Phone:	Ext:	Email:	

BUSINESS/TRADE REFERENCES			
1- Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			
2- Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			
3- Company name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	E-mail:	
Contact name:			

AGREEMENT	
1 -	All invoices are to be paid 30 days from the date of the invoice
2 -	By submitting this application, you authorize No-Spill Systems USA to make inquiries into the banking and business/trade references that you have supplied.
3 -	All payments are to be mailed to: <b>No-Spill Systems, Inc.</b> <b>PO Box 243</b> <b>Pembina, ND 58271</b>

SIGNATURES	
Signature:	Signature:
Name (please print):	Name (please print):
Title:	Title:
Date:	Date: