



9258 Bond Street • Overland Park, KS 66214  
Tel. 913-599-5200 • Toll Free. 800-671-5505 • Fax. 913-599-5222

**FOR INTERNAL USE ONLY**

Customer Name \_\_\_\_\_  
Nuvidia Acct# \_\_\_\_\_ Amount Approved \_\_\_\_\_  
Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_

Full Legal Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Accounts Payable Contact:** \_\_\_\_\_ **AP Contact Email:** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Length of time in business: \_\_\_\_\_

Ownership: Corporation Partnership Sole Proprietor Limited Liability Company

State of Registry: \_\_\_\_\_ Fed ID # \_\_\_\_\_ State Resale # \_\_\_\_\_

Name of previous business? \_\_\_\_\_ **Approximate line of credit needed?** \_\_\_\_\_

**Owner's Names, Addresses and Social Security Numbers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Trade References:**

1. Name: \_\_\_\_\_ FAX: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Acct # \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ FAX: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Acct # \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ FAX: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Acct # \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Officer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Terms and Conditions**

1. New Customers without references submitted... C.O.D. OR CASH WITH ORDER.
2. New Customers with references submitted, will be extended Net 30-day terms after approval. (Terms are from date of invoice).
3. Any invoice past due may be subject to a 1 1/2% (one-and-one half percent), per month finance charge.
4. If legal action is required because of a delinquent account purchaser will pay all legal expenses.
5. New orders will not be shipped if there are past-due invoices on the account.

It is hereby certified that the information given is true and correct to the best of our knowledge. If approved we agree to pay all charges according to the terms and conditions as stated by Nuvidia. If we fail to do so, then we agree to pay any late charges, collection expense, attorney fees or service charges if collection procedures are instituted. This hereby authorizes Nuvidia to verify information on our company, including requesting reports from any commercial or consumer credit reporting service.

The applicant and Nuvidia shall deem a signed Facsimile copy of this agreement an original.

**Please sign  
and date !!**



Signed By: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_