

Credit Application Form



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NATIONAL INSTITUTE FOR SAFETY TRAINING

Company Name: _____

DBA: _____ **Persons Authorized to Place Orders:**

In Business Since: _____ 1. _____

Purchase Order Required Yes ☒ 2. _____

3. _____

Credit Limit Requested: \$ _____

BILL TO Address:	SHIP TO Address:
Street: _____	Street: _____
City: _____ State/Prov.: _____	City: _____ State/Prov.: _____
Zip/Postal Code: _____ Country: _____	Zip/Postal Code: _____ Country: _____

3 Trade References (Must Provide Contact Numbers)

Company Name: _____	Company Name: _____
Street: _____	Street: _____
City: _____ State/Prov.: _____	City: _____ State/Prov.: _____
Zip/Postal Code: _____ Country: _____	Zip/Postal Code: _____ Country: _____
Contact Person: _____	Contact Person: _____
Tel No. _____	Tel No. _____
Fax No. _____	Fax No. _____

Company Name: _____	Bank Reference
Street: _____	Bank Name: _____
City: _____ State/Prov.: _____	Street: _____
Zip/Postal Code: _____ Country: _____	City: _____ State/Prov.: _____
Contact Person: _____	Zip/Postal Code: _____ Country: _____
Tel No. _____	Contact Person: _____
Fax No. _____	Tel No. _____
	Fax No. _____

All the information requested on this credit application is true to the best of my knowledge, I (we) consent to have NIS Compliance & Publications Inc. (NIS Training Inc.) contact the Trade and Bank references listed in this document. I (we) understand that all past due invoices will be assessed a service charge of 3% per month or the maximum permitted by governing law.

Customer Signature: _____ **Date:** _____

Print Name and Title: _____