

BUSINESS CREDIT APPLICATION

**Required Information. Please fill out this section even if attaching additional forms.*

COMPANY NAME:			
PARENT COMPANY NAME (IF SUBSIDIARY):			
PHONE:	FAX:	EMAIL:	
ADDRESS:		CITY:	STATE:
ZIP:	AT PRESENT LOCATION SINCE (DATE):		YEAR ESTABLISHED:
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
TAX ID#:	D&B #:	ANNUAL SALES:	
TERMS REQUESTED:		CREDIT AMOUNT REQUESTED (\$):	
NAME OF PERSON AUTHORIZED TO PLACE ORDERS:		PHONE:	EMAIL:
AP CONTACT:		PHONE:	EMAIL:

PRESIDENT/OFFICERS CONTACT INFORMATION

NAME:	TITLE:		
ADDRESS:	CITY:	STATE:	
	ZIP:	PHONE:	
NAME:	TITLE:		
ADDRESS:	CITY:	STATE:	
	ZIP:	PHONE:	
NAME:	TITLE:		
ADDRESS:	CITY:	STATE:	
	ZIP:	PHONE:	

BANK INFORMATION

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BANK ACCOUNT #:	EIN:	
CONTACT NAME:	PHONE:	FAX:

BUSINESS & TRADE REFERENCES

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	FAX:
TYPE OF ACCOUNT:		

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	FAX:
TYPE OF ACCOUNT:		

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	FAX:
TYPE OF ACCOUNT:		

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ACCEPTANCE AND APPROVAL

Signing this agreement indicates you acknowledge and warrant you are the authorized representative of the company named above and are duly authorized to enter into this agreement and accept the terms and conditions on such company's behalf. In addition, you authorize Noribachi to make any and all inquiries necessary to process this Credit Application.

PRINT NAME: _____

TITLE: _____

SIGN: _____

DATE: _____

PERSONAL GUARANTEE

In consideration for credit extended, the undersigned indicates you acknowledge and warrant you are the Owner, Principal, Officer or authorized representative of the company named above and are duly authorized to enter into this agreement. You contract and agree to unconditionally personally guarantee the faithful performance of all obligations and the payment, when due, of all accounts of the above company seeking credit for 5 years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. In addition, you authorize Noribachi to make any and all inquiries necessary to process this Credit Application up to and including access and review of consumer reports and other inquiries regarding your credit from time to time. Revocation of the guarantee shall be in writing and delivered by certified mail.

PRINT NAME: _____

TITLE: _____

SIGN: _____

DATE: _____

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AUTHORIZATION OF RELEASE OF BANK INFORMATION (TO BE COMPLETED BY COMPANY SEEKING CREDIT)

I HEARBY AUTHORIZE:

BANK NAME: _____

BANK LOCATION: _____

FOR THE PURPOSE OF RUNNING A CREDIT REFERENCE ON BUSINESS TRADE, TO RELEASE INFORMATION CONCERNING THE FOLLOWING ACCOUNT(S):

ACCOUNT 1: _____

ACCOUNT 2: _____

PRINT NAME: _____ TITLE: _____

SIGN: _____ DATE: _____

ACCOUNT INFORMATION (TO BE COMPLETED BY BANK CONTACT)

FOR ACCOUNT 1:

DATE ACCOUNT WAS OPENED: _____

AVERAGE DAILY BALANCE OF ACCOUNT OVER THE LAST YEAR: _____

IS THE ACCOUNT MANAGED WITHIN TERMS? YES NO

IF YOU ANSWERED "NO" TO THE ABOVE, PLEASE PROVIDE A BRIEF EXPLANATION:

FOR ACCOUNT 2:

DATE ACCOUNT WAS OPENED: _____

AVERAGE DAILY BALANCE OF ACCOUNT OVER THE LAST YEAR: _____

IS THE ACCOUNT MANAGED WITHIN TERMS? YES NO

IF YOU ANSWERED "NO" TO THE ABOVE, PLEASE PROVIDE A BRIEF EXPLANATION:

SIGNED:	TITLE:
PRINT NAME:	DATE:

PLEASE FAX BACK TO 310.257.1171