



New Account Inquiry & Credit Application Form

Please complete and submit by Fax: 1-450-632-7273

COMPANY INFORMATION:

Please check one [ ] Corporation [ ] LLC [ ] Other

USA Employment ID # (IRS#): Cda: GST and QST #'s:

Registered Name of Business: Trade Name:

Street Address:

City: State/Prov: Zip/Postal Code:

Website address: Contact for orders:

Phone : Email: Fax:

Phone# will be used as your account #

Shipping Address(if different from above):

City: State/Prov: Zip/Postal Code:

Shipping contact name and title: Phone #

Tailgate required (\$75.00 fee): Residential address (\$175.00 fee): Shipping apt (\$20 fee):

Date Business began: Type of Business: PO Necessary:

Principal Owners or Authorized Officers of Business:

Name: Title Tel:

Name: Title Tel:

Credit Card #: Exp: Code:

Orders must be paid in advance by credit card / bank transfer until credit is established. After credit is established orders must be paid by check or bank transfer only.

Business Trade References:

Please use Companies not related to wheel weights

1. Company name: Contact name:

Phone: Fax: Email:

2. Company name: Contact name:

Phone: Fax: Email:

3. Company name: Contact name:

Phone: Fax: Email:

4. Company name: Contact name:

Phone: Fax: Email:

Please provide 2 photos of outside and 2 photos of inside your business.

Shipping is free for orders over \$6000.00 in lower 48 states, \$7000.00 for Western Canada and East of Quebec excl:PEI, NS, NFLD (this excludes oversized items ex: Pails of Murphy's)

JM Nault Terms and Conditions

Jm Nault terms are full payment within 30 days of the date of the invoice. Containers are subject to 7 days full payment terms.

I hereby certify that the information contained herein is complete and accurate and that I am authorized to sign therefore.

Futhermore, by signing hereunder this credit application, I agree and authorize JM Nault to obtain from any credit agency or any other source all the required information to open the account and/or at any time in order to update our file in the future

A copy of this document shall be as the original. Initials: \_\_\_\_\_

Company Name: Date:

Signature of Authorized Officer: Title: