

**Please submit this application to:**  
 828 N. 16th St | St. Louis, Missouri 63106  
 Phone: 314.531.3200 | Fax 314.531.4159  
 Email: ar@nscstl.com



## Application for Credit\*

For an Open Credit please complete all sections of our credit application. If you are requesting COD-Only account please complete the specified sections ONLY. If you wish to submit your own office credit application, **you MUST complete all information listed below that is not mentioned on your application and you MUST sign our application.**

For Request COD-Only Accounts  
**MUST** sign page #2 of this credit application.

Company Name _____	
D/B/A _____	
Federal ID# _____	Years in Business _____
Main Phone # _____	
Fax # _____	
Shipping Address _____	
Check One: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	

### Account Set-Up Preferences

Purchase order number required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please submit proper sales exempt certificate.
\$ _____ Expected annual purchases with NSC.

### Company Primary Classification (Please check one)

<input type="checkbox"/> Mechanical PVF	<input type="checkbox"/> Industrial PVF	<input type="checkbox"/> HVAC	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Plumbing
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### Accounts Payable

A/P Contact _____	
Billing Address _____	
A/P Phone # _____	A/P Fax # _____
A/P Email _____	

**Additional Contacts** - We can better serve the following people with promotions and other information.

Buyer Contact _____
Service Manager _____
Financial Manager _____

**References** - In lieu of fax# you can provide an email contact.

Bank Reference _____	
Account # _____	Phone # _____
<b>Trade References</b> (must have 4)	
1. Company Name _____	
Address _____	
Phone # _____	Fax # _____
2. Company Name _____	
Address _____	
Phone # _____	Fax # _____
3. Company Name _____	
Address _____	
Phone # _____	Fax # _____
4. Company Name _____	
Address _____	
Phone # _____	Fax # _____



**Officers, Partners and/or Principals**

Name	Address	Cell #
Name	Address	Cell #
Name	Address	Cell #

\* In lieu of a financial statement and in order to induce to sell merchandise to the applicant, the principal owners, officers or partners must sign the following assumption of responsibility and guaranty agreement.

I (We) assume personal responsibility for and guarantee payment of all sums due and payable to National Sales Company by the applicant above listed, including all costs of collection including (but not limited to) attorney and collection agency fees and interest accrued should the account be placed in the hands of an attorney for collections. It is agreed that any dispute that should end in litigation, that said litigation venue will be in St. Louis, Missouri. The loser of said litigation shall pay the winner's attorney fees and all court related expenses.

The above information is given for the purpose of extending credit, and is represented and warranted to be true and accurate. National Sales Company is hereby authorized to investigate the above listed references, each of which is authorized to provide all information requested by National Sales Company. By signing below, I confirm the provided information; agree to your payment terms (NET 30) and payment on all future purchases from National Sales Company.

Customer is hereby notified that Company: (i) call all reference provided to discuss and Customer's previous payment history; and (ii) obtain and use business credit reports and/or consumer credit reports. Customer is aware that Company may use all such information in its decision-making as to whether or not to extend credit to the Customer. Customer hereby authorizes Company to reach out to such references for the purposes described herein and to obtain such reports for Company's use. Customer's obligations hereunder shall continue with respect to all transactions between Customer and Company entered into before such time as Customer notify Company in writing of termination. Nothing contained herein shall obligate Company to sell to Customer or extend credit, all such actions are in Company's sole discretion.

\_\_\_\_\_  
Signature Date

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

**\* If personal guarantee in Paragraph 1 is not provided, the company must provide a copy of the most current independently audited or reviewed financial statement BEFORE we can process your application.  
All information will be kept in strict confidence.\***

Thank you for your time and we look forward to contacting you soon.

National Sales Company office use only:	
<input type="checkbox"/> Application Received	<input type="checkbox"/> Credit Approved
<input type="checkbox"/> Credit References	<input type="checkbox"/> Credit Denied, Reason? _____
<input type="checkbox"/> Taxable (Y/N) _____ Provided Tax Forms	_____
<input type="checkbox"/> Pricing Code _____	<input type="checkbox"/> Solar Entry
<input type="checkbox"/> Credit Limit \$ _____	

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## Customer Profile Sheet

The customer profile sheet must be filled out by the customer and submitted with the credit application; failure to do so may result in credit not being extended to the customer by National Sales Company.

1. Are you currently working with a Sales or Engineered Sales Representative from NSC?

If so, who? \_\_\_\_\_

If not, do you wish to be contacted?  Yes  No

2. What is the nature of your business and in general terms, what do you wish to purchase from NSC?

- MEP
- HVAC
- Plumbing
- Manufacturing
- Government
- Other \_\_\_\_\_

- PVF
- HVAC
- Plumbing
- Compressed Air
- Hydronics
- Steam
- Other \_\_\_\_\_

3. Do you have locations or projects in Missouri, Kansas or Illinois? Other states?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your website address?

\_\_\_\_\_

5. Do you pay by check, ACH or credit card?

- Check  ACH  Credit Card