



NPR OF AMERICA, INC.

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Fax: (562)207-6883
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CUSTOMER ACCOUNT APPLICATION

DATE: _____

CUSTOMER ACCOUNT NUMBER: _____

NAME AND ADDRESS INFORMATION

LEGAL NAME OF COMPANY: _____

MAILING ADDRESS: _____

DELIVERY ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____

PHONE: _____

BUSINESS INFORMATION

TYPE OF BUSINESS:

- CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

AMOUNT OF CREDIT REQUESTED: \$ _____

TYPE OF BUSINESS ACTIVITY: _____

YEAR IN BUSINESS: _____

ANY AFFILIATED COMPANIES OR BRANCHES?: YES NO
(If yes, give name, location, nature of affiliation)

MARKETING AREA: _____

FACILITIES?: LEASE OWN

OWNER: _____

PURCHASING MANAGER: _____

ACCOUNTS PAYABLE: _____

REFERENCE INFORMATION

FINANCIAL

NAME OF BANK: _____

OFFICER: _____

ADDRESS: _____

CHECKING ACCOUNT #: _____

CITY: _____

TIME DEPOSIT LOAN TEL: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

OTHER: _____

TRADE

■ NAME: _____

■ NAME: _____

ACCOUNT #: _____

ACCOUNT #: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

E-Mail: _____

E-Mail: _____

■ NAME: _____

■ NAME: _____

ACCOUNT #: _____

ACCOUNT #: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PHONE: _____ FAX: _____

E-Mail: _____

E-Mail: _____

The applicant hereby authorizes any bank, business, or individual with whom the applicant has done business to release any or all necessary information to the creditor applicant and further authorizes the creditor to reinvestigate as the creditor deems necessary.

Applicant Signature: _____

Date: _____

Applicant Title: _____