

NEW ACCOUNT/ CREDIT APPLICATION



Please complete and fax to (620) 669-8302.
Questions? Contact Soni McClelland at (620) 664-6000.
NMGI • 324 E. 4th Ave. • Hutchinson, KS 67501

Company Name (Legal) _____

Company Name (d/b/a) _____

Dun & Bradstreet # _____

Bill to Address _____ City _____ State ____ Zip _____

Ship to Address _____ City _____ State ____ Zip _____

Phone () _____ Fax () _____ A/P Contact _____

Web Site _____ E-mail Address _____

Owners/Officers Names _____

Tax Exempt () Yes () No Sales Tax Resale # _____
If yes, complete and submit Tax Exemption certificate.

Type of Enterprise () Corporation in State of _____

() Partnership () Sole Proprietor () Other _____

Year Established _____ How long at present address _____

Net Terms Requested () 10 () 15 () 20 Average Aging on Accts Payable _____

BANK REFERENCE:

Account Name: _____ Bank: _____

Address: _____ City _____ State ____ Zip _____

Account Number _____ Phone () _____

Officer _____

Authorized Signatures

1. _____ 2. _____

TRADE REFERENCES: (Minimum of three)

1. Company Name _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____ Contact _____

Account # _____

2. Company Name _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____ Contact _____

Account # _____

3. Company Name _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____ Contact _____

Account # _____

4. Company Name _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____ Contact _____

Account # _____

I hereby authorize the release of all credit information to Network Management Group, Inc.

By _____
Signature

Title _____ Date _____