



10425 Slusher Drive • Santa Fe Springs, CA 90670

NEW ACCOUNT SET UP AND APPLICATION FOR CREDIT

LEGAL BUSINESS

Name (in full): _____ DBA _____

Billing Address: _____ Phone _____

City: _____ State _____ Zip _____ Fax _____

Type of Business ☐ Corporation ☐ Partnership ☐ Proprietorship

Years in Business: _____ Annual Sales \$ _____ Monthly Credit Requested \$ _____

EIN# _____ Sales Tax Certificate#(attach copy) _____

PRINCIPAL / OFFICERS / OWNERS

1.Name: _____ Title: _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Social Security # _____

2.Name: _____ Title _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Social Security# _____

A/P Manager _____ Phone _____

Fax _____ Email: _____

BUSINESS BANK

Name: _____ Contact: _____

Address _____ Account No. _____

City _____ State _____ Zip _____ Phone# _____

I/We hereby authorize you to release banking information to New Century Direct upon request.

Signature _____ Date _____

Signature _____ Date _____



Please attach additional financial information.

TRADE REFERENCES (Give only names of those you are currently buying from on Terms)

1.Name: _____ Account#: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

2.Name: _____ Account#: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

3.Name: _____ Account#: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

4.Name: _____ Account#: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

TERMS AND CONDITIONS (Please initial the items below in order for credit application to be processed.)

- ____ 1. The conditions and terms of this application are subject to review at any time and may be modified and/or terminated at any time by New Century Direct.
- ____ 2. Prices are subject to change without notice.
- ____ 3. Damages /shortages MUST be reported within 7 days from the day the merchandise is received.
- ____ 4. Returns are not acceptable without a Return Authorization Number from New Century Direct. All returns must have the purchase order number, sales order number, or invoice number. Freight must be prepaid on all returns.
- ____ 5. Returns are subject to a restocking charge depending on the condition of the merchandise and packaging.
- ____ 6. Returns accepted 30 days past original invoice date require a customer service exception. For an exception please contact your NCD sales representative.
- ____ 7. Payment terms are Net 30
- ____ 8. Written authorization -purchase orders are required for all "bill-me" orders.

I understand that if NET 30 Day terms is extended to my company and me, payment is due in full 30 days from the invoice date. If the account balance goes beyond 60 days, my Net 30 Day term status may be terminated. The original copy of this application must be filed with New Century Direct in order for Net 30 orders to be released.

I/We have read and agree to the terms and conditions listed on this application and hereby authorize New Century Direct to obtain credit information from all of the above references and to release future credit information to trade upon request.

Signature _____ Date _____

Signature _____ Date _____



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Account Set Up & Order Processing Instructions

“Ship To” Information

“Ship To” Reference – Store # or Location Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

Contact email address: _____

“Ship To” Reference – Store # or Location Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

Contact email address: _____

“Ship To” Reference – Store # or Location Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

Contact email address: _____

“Ship To” Reference – Store # or Location Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

Contact email address: _____

“Ship To” Reference – Store # or Location Name: _____

Address: _____ City _____ State _____ Zip Code _____

Contact: _____ Phone _____ Fax _____

Contact email address: _____

Please attach additional sheets to record other “Ship To” locations

