

Name of Firm or Individual		Years at this address	
Address		Phone	
City	State	Zip	Fax

Neuco, Inc.
 515 W Crossroads Pkwy
 Bolingbrook, IL 60440

Theresa (A-J) Carla (K-Z)
 Credit Department
 Net 30

Rep
 Customer/Class

Resale # _____

Our Normal Credit Terms*

Attach certificate with application.

*Terms are assigned based on credit and are subject to change.

The following information must be provided. Information will be held in the strictest confidence.

CHECK ONE: Wholesaler OEM Other NATURE OF BUSINESS: _____

Ownership:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Check here if incorporated within the past 12 months	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
1. Name(s) of Principal(s)	Complete Address	Zip	Phone & Fax
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Finance:

Bank	Bank Address
Bank Officer or Department	Phone

Accounts Payable Contact:

Contact Name _____
 Email Address _____ Phone _____

Bill to Address:

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

Ship to Address (if known):

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____

Preferred Invoice Delivery Method:

Email: _____
 Fax: _____ Mail

References (trade references preferred):

1. Business Name	Street Address	City	State	Zip	Phone & Fax
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Check here to request a Neuco.com web account. E-mail address: _____

How did you hear about Neuco?

- Referral (Company/Manufacturer & Contact Name): _____
- Neuco Sales Representative (Name): _____
- Buying Group (Organization Name): _____
- Website and/or Web Search

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date: _____ 20 _____ (Title) _____