



**NORKAN INC.**

26200 GROESBECK HWY WARREN, MI 48089  
PHONE - 586-771-6500 FAX - 586-771-6501 WWW.NORKAN.COM

APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ DUNS: \_\_\_\_\_

Type of Business:    Corporation                  Partnership                  Individual

Date Started: \_\_\_\_\_ State Registered: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

COMPANY OFFICERS

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Social Security No. \_\_\_\_\_

FINANCIAL INSTITUTION REFERENCE

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_ Savings Acct. No. \_\_\_\_\_

Loan Acct. No. \_\_\_\_\_

TRADE CREDIT REFERENCES

<sup>1</sup>Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<sup>2</sup>Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<sup>3</sup>Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Buyer's Name(s): \_\_\_\_\_

If purchase are to be Sales Tax Exempt, please fax Sales Tax Exemption Certificate with application.

Signature below verifies that the applicant hereby requests open account status, authorize normal inquiries required to evaluate this request, has read, understands, and accepts the terms and conditions of sale sheet.

Print Name: \_\_\_\_\_ Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_