



25513 480th Ave
 Garretson, SD 57030
 605-594-3910 ~ fax 605-594-6730
 www.nordstromsauto.com

Nordstrom's Auto Recycling ~ Nordstrom's Installation and Diagnostic Center

REQUEST FOR OPEN ACCOUNT

Company Name _____ Phone _____
 Billing Address _____

Shipping Address (if different) _____

E-Mail Address _____

Accounts Payable Manager _____

(Please include phone number if different from above.)

Is this business a: Sole Proprietorship Partnership or Corporation?

If Corporation: Year Inc. _____ State Inc. _____

Federal Tax ID# _____

Corporate Officers _____

Principal Owner(s): _____

Sales Tax Exemption # _____

Type of Business _____

Is PO# Required? Yes No

Bank Reference:

Name _____ Phone _____

Address _____

Business References:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Credit Terms:

1. Net due 30 days from billing date.
2. Limit not to exceed \$2000.00
3. An account 60 days in age will be C.O.D. only, until the balance is paid in full. At the time a payment arrangement must be set up and followed through with as agreed upon or your credit line will be rejected. (It may also be rejected if this happens continuously.)

If credit is granted, I agree to pay by the terms outlined above and I understand that interest of 1.5% per month will be charged on past due Balances. I also agree to pay all attorney's fees, court costs, collection costs and all other expenses which may be incurred in collecting Past due balances or insufficient funds checks as permitted by law.

Signature _____ Date _____

Title _____ Phone _____

 For Internal Use only:

Date opened: _____ ENL _____ REV _____ BK _____

Notes _____