

NOURHAN GROUP NEW ACCOUNT APPLICATION FORM

Please fill form clear as possible to expedite process and feel free to call us for any questions or assistance whatsoever at 732-381-8110 or email us at info@nourhan.com

PLEASE NOTE FIELDS WITH (*) MANDATORY

*Date	*Type of Seller					
	Retailer Supermarket		RRY UWHOLESALER	DISTRIBUTOR		OTHER TYPE
COMPANY INFORMATION						
*Company Legal Name (Required)			*Year Established Duns No.(If availat		Duns No.(If available)	
*Trade Name (if different)			low many locations	*	* Resale No. (tax id)	
*City	*State	*Zip		*State Inc	orporated	
*President's and/owner's name	*Direct Phone		Cell Phone	E	mail	
*Buyers Name (Required)	*Direct Phone		Cell Phone		Email	
*Accounts Payable Name(required)	*Direct Phone		Cell Phone		Email	
*How did you hear about us?			*Any particular item of Immediate interest?			
		BANKING I	NFORMATION			
*Bank Name			*Checking Account No.			
Address City, State, Zip			Savings Account No.			
TRADE REFERENCES						
*1. Company Name			2. Company Name			
Address, City, State, Zip			Address, City, State, Zip			
Contact Name	Telephone	C	Contact Name	Π	elephone	
Email	Fax	E	mail	F	ax	

DEFAULT AGREEMENT: The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize Nourhan Trading Group LLC or any of its subsidiaries to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability and willingness to pay invoices according to the terms of sale. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees and court costs.

Authorized Applicant's Signature

Date:

Χ_

Title:

Any comments or queries (Enter Here)

X____ Print name

Χ-

Return the completed and signed form to; email; info@nourhan.com OR Fax; 732-381-8108