

PLEASE TYPE OR PRINT LEGIBLY

CREDIT APPLICATION

Date _____ Taxable: YES _____ NO _____
(If No, Please supply Tax Exempt Form)

School or Organization Name

Address for billing

() ()
Phone Fax Contact

If bills are paid through a School District, list name and address and phone number

Do all orders require a Purchase Order Number? Yes _____ No _____

LEGAL ENTITY
School _____ Booster _____ Club _____ Other _____

BILLING CONTACT INFORMATION

Name: _____

Phone: _____ E-mail: _____

TRADE REFERENCES- IF NOT A SCHOOL

Name _____ Phone ()
Account # _____ Fax ()
Address _____
Name _____ Phone ()
Account # _____ Fax ()
Address _____



P O Box 218
Greenville, OH 45331-0218
CREDIT DEPARTMENT
PHONE: 1-888-576-6333
FAX: 1-800-617-3810
www.neffco.com

The above information is for the purpose of obtaining commercial credit and is warranted to be true, correct and complete. Creditor, it's agents, or any credit bureau employed by creditor is hereby expressly authorized to investigate the references herein listed, or other data obtained from applicant, or form any other persons pertaining to applicant's credit responsibility. Applicant also authorizes the above bank to release information regarding his checking account balances and loan relationships. Applicants signature attests to applicants financial responsibility, ability and willingness to pay creditors invoices in accordance with creditors terms. Applicant agrees to pay a service charge specified in the terms and conditions of sale on the unpaid balance after 30 days. Applicant agrees to pay for all cost of collection, including reasonable attorney fees, court costs and collection agency fees.

Authorized Signature Title