

**KD Navien**  
**NEW CUSTOMER CREDIT APPLICATION (FAX - 949-420-0350)**

**BUSINESS CONTACT INFORMATION**

Title:		
Company Name:		
Phone:	Fax:	Email:
Registered Company Address:		
City:	State:	Zip Code:
Date business commenced:		
Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		

**BUSINESS AND CREDIT INFORMATION**

How long at current address:		
Primary Phone:	Primary Fax:	
Bank name:		
Bank address:		
City:	State:	Zip Code:
Type of account:	Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Other:
Account number:		

**ACCOUNTS PAYABLE CONTACT INFORMATION**

Accounts Payable Manager:		
Phone:	Fax:	Email:
Other Accounts Payable Contact Name:		
Phone:	Fax:	Email:

**BUSINESS AND TRADE REFERENCES**

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

**AGREEMENT**

- 1) All invoices are to be paid within 30 days from the date of the invoice.
- 2) Please submit a copy of your wholesaler's license and your state's resale tax certificate/permit with this application.
- 3) By submitting this application, you authorize Navien America, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
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