



Dealer Application Form

Company Information

Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Email: _____
 Phone: _____ Fax: _____
 Website: _____ Federal ID# _____
 Business Type: Partnership Proprietorship Corporation
 Date Business Established _____ Number of Employees _____

Partner or Officer Name	Title	Address

Trade References

Company Name: _____
 Address: _____
 Contact Person: _____ Phone: _____ Fax: _____

Company Name: _____
 Address: _____
 Contact Person: _____ Phone: _____ Fax: _____

Company Name: _____
 Address: _____
 Contact Person: _____ Phone: _____ Fax: _____

Bank Reference

Bank Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

*Credit Card or payment in advance terms for the first 5 orders with NuprodX and then have the option of payment terms afterwards, upon credit approval.

This information is submitted by the undersigned for the purpose of obtaining credit. The information is to be kept in confidence and used only for the purpose of credit evaluation. I, hereby authorize NuprodX, Inc. to obtain information concerning our credit from the above references. I, the authorized individual noted below, have read and agree to comply with NuprodX, Inc. policies and payment terms.

Authorized Individual: _____ Date: _____

Title: _____

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