

FOR OFFICE USE:  
TERRITORY MANAGER \_\_\_\_\_  
STORE \_\_\_\_\_  
CREDIT LIMIT \_\_\_\_\_  
CHECK CASHING ONLY \_\_\_\_\_

**NYQUIST**  
900 W 34th Street  
Baltimore, MD 21211  
Phone (410) 467-2006  
Fax (410) 467-5020



### CREDIT APPLICATION

The undersigned makes application to Nyquist with the understanding that any credit commitment made by Nyquist may be withdrawn by same at any time without incurring any liability or obligation to the undersigned customer.

#### BUSINESS FULL LEGAL NAME

**DBA NAME** \_\_\_\_\_ **Federal ID#** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Number of years \_\_\_\_\_  
Estimated Monthly Purchases \$ \_\_\_\_\_ Email address \_\_\_\_\_  
Type of Business: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
President \_\_\_\_\_ Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_  
Does Your Organization Require Purchase Orders?  Yes  No  
Sales Tax Exemption # \_\_\_\_\_ (please provide certificate if applicable)

#### OWNERS INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ DOB \_\_\_\_\_ Driver Lic # \_\_\_\_\_

#### CREDIT INFORMATION

Name of bank \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

#### TRADE REFERENCES (Paint Reference Required)

1. Name \_\_\_\_\_ Ph # ( ) \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
2. Name \_\_\_\_\_ Ph # ( ) \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

#### VERIFICATION OF INFORMATION

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Nyquist to investigate our credit history, bank references, and any information deemed necessary to extend credit.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_

#### PERSONAL GUARANTEE

In consideration of Nyquist or its affiliates, extending credit to the above business, I/We hereby guarantee jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. Also, monthly finance charges at the rate of 1.5% will be charged for any unpaid amount(s) beyond 30 days from specified times. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_