



2641 Townsgate Rd. #100  
 Westlake Village Ca., 91361 U.S.A.  
 805-496-5031 Office  
 805-373-9393 Fax  
[info@nanofilm.com](mailto:info@nanofilm.com) Email  
[www.nanofilm.com](http://www.nanofilm.com) Website

Customer Info
Date applying:
Customer:
Customer Rep:
Phone#
Fax:
E-mail:
To be filled out by applicant

## New Customer Credit Terms Application

Fill out form completely and e-mail or fax to the information listed above. Thank you.

Terms Applying for:  30 days

Year established: \_\_\_\_\_

Resale #: \_\_\_\_\_

Main Phone #: \_\_\_\_\_

Business Form:  Corporation  Partnership  Individual  LLC

### Bill to address

Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Ship to address

Name: \_\_\_\_\_ Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Accounts Payable Info:

#### 1<sup>st</sup> contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

### Accounts Payable Info:

#### 2<sup>nd</sup> contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Reference	Credit Reference
Name of Bank:	Name:
Address 1:	Address 1:
Address 2:	Address 2:
City:	City:
State:	State:
Zip code:	Zip code:
Country:	Country:
Telephone:	Telephone:
	Email:

Credit Reference	Credit Reference
Name:	Name:
Address 1:	Address 1:
Address 2:	Address 2:
City:	City:
State:	State:
Zip code:	Zip code:
Country:	Country:
Telephone:	Telephone:
Email:	Email:

This application is for the purpose of establishing a credit line with Nanofilm for goods/services. Terms & condones are available upon request. All information is strictly confidential and used for the sole purpose of credit approval.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR NANOFILM USE ONLY**

Authorized by: \_\_\_\_\_ Terms Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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