

102 Commerce Drive, Number Six
Moorestown, New Jersey • 08057.4262

T 800 350 LINE
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www.nelsonline.com



nelson line

Credit Information and Personal Guarantee

Name of Firm _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
E-mail Address _____
Year of Establishment _____ Corporation Partnership Sole Proprietor State of Incorporation _____
Name of Principal(s) _____ Home Phone _____
Home Address _____ City _____ State _____ Zip _____
Social Security Number _____ Federal ID# _____
VISA/MasterCard Number _____ Exp. Date _____

Bank Reference

Name of Bank _____ Account # _____
Address _____ City _____ State _____ Zip _____

Vendor References for stationery industry vendors with whom you do business.

Name of Firm _____ Account # _____
Address _____ City _____ State _____ Zip _____
Terms _____ Phone _____ Fax _____

Name of Firm _____ Account # _____
Address _____ City _____ State _____ Zip _____
Terms _____ Phone _____ Fax _____

Name of Firm _____ Account # _____
Address _____ City _____ State _____ Zip _____
Terms _____ Phone _____ Fax _____

Terms: All orders are subject to approval of Nelson Line. Prices are subject to change without notice. Absolutely no returns are accepted without authorization.

Statement of Accountability: I hereby guarantee the timely payment of all invoices billed to our account. If terms are instituted for my account, buyer agrees to pay a service charge of 1.5% per month on all 30-day past due accounts and to pay reasonable attorney's fees and collection costs in addition to any other relief afforded to enforce collection. This signifies that I have read and agree to all terms set forth in this document.

Authorization Of Bank Credit Inquiry: I hereby give my permission for Nelson Line to obtain credit information from

Name of Bank _____ Account # _____
Signature _____ Date _____