



800 N.W 65<sup>th</sup> STREET  
FORT LAUDERDALE, FL 33309  
☎ 954-987-3430 | (fax) 954-987-3434

## BUSINESS CREDIT APPLICATION

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Sole proprietor ☐ Government ☐ Non-Profit

Years in business: \_\_\_\_\_

Tax Exempt? Yes No (If yes, please include resale card with application)

Parent company names (If different than above): \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### Bank References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

### Open Accounts References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

I HEREBY AUTHORIZE NIKON DIAMOND TOOLS OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY NIKON DIAMOND TOOLS. TO INVESTIGATE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. I/ WE DO HEREBY PERSONALLY GUARANTEE THE PAYMENT OF THEIR ENTIRE OBLIGATION TO NIKON DIAMOND TOOLS. I DO FURTHER AGREE, THAT IF THE AMOUNT DUE MUST BE PLACED FOR COLLECTION, TO PAY ANY AND ALL COLLECTION FEES, ATTORNEY FEES AND COURT COST, ASSOCIATED WITH SAID COLLECTION.