

# NOURHAN GROUP NEW ACCOUNT APPLICATION FORM

Please fill form completely as clear as possible. Provide state Business Certificate & Applicant license, please do so along with form and fax noted below. Please feel free to call us with questions or comments at 732-381-8110 or email us for any assistance.

Date	Type of Seller <input type="checkbox"/> RETAILER <input type="checkbox"/> SUPERMARKET <input type="checkbox"/> CASH/CARRY <input type="checkbox"/> WHOLESALER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> IMPORTER <input type="checkbox"/> OTHER TYPE				
<b>COMPANY INFORMATION</b>					
Company Legal Name (Required)			Year Established		Duns No.
Trade Name (if different)			How many locations		Federal Tax ID No.
Company Physical Street Address			City	State	Zip
State Incorporated			Owner/President's Name(required)		
Home Address, City, State, Zip			Email		
Direct Phone	Cell Phone	Driver License No. (attach copy)			
Buyers Name (Required)	Direct Phone	Cell Phone	Email		
Accounts Payable Name(required)	Direct Phone	Cell Phone	Email		
How did you hear about us?			Any particular item of immediate interest?		
<b>BANKING INFORMATION</b>					
Bank Name			Checking Account No.		
Address City, State, Zip			Savings Account No.		
Bank Branch Contact Name			Email		
<b>TRADE REFERENCES</b>					
1. Company Name			2. Company Name		
Address, City, State, Zip			Address, City, State, Zip		
Contact Name	Telephone	Contact Name	Telephone		
Email	Fax	Email	Fax		
3. Company Name			4. Company Name		
Address, City, State, Zip			Address, City, State, zip		
Contact Name	Telephone	Contact Name	Telephone		
Email	Fax	Email	Fax		

DEFAULT AGREEMENT: The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize Nourhan Trading Group LLC or any of its subsidiaries to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability and willingness to pay invoices according to the terms of sale. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees and court costs.

X \_\_\_\_\_  
(Authorized Applicant's Signature)

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

X \_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_

Return the completed and signed form to the either the following: Email; info@nourhangroup.com OR Fax; 732-381-8108