

CREDIT APPLICATION

This report and the attached bank reference form must be completely filled out and signed for the approval process to begin. Orders will be shipped C.O.D. until credit is approved.

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Shipping Address: _____

Street Address: _____

City, State, Zip: _____

CREDIT INFORMATION

Name of Owner(s): _____

Years in Business: _____

Dun & Bradstreet # _____

Bank Name _____

Bank Phone #: _____

List Three (3) Trade References: _____

1. Company: _____

Phone #: _____

2. Company: _____

Phone #: _____

3. Company: _____

Phone #: _____

All past due accounts will be turned over for collection unless prior arrangements are made with National Standard Parts Associates, Inc. All legal fees involved in collecting past due accounts will be the responsibility of the customer. Our current terms are 1-% 10 days, Net 30 days. Shipments will be suspended to accounts with invoices over fifty days. Continuous failure to comply with terms will cause termination of credit privileges.

Signature: _____

Date: _____



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ASSOCIATES**

**ELECTRICAL
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**MANUFACTURERS
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4400 Mobile Hwy.

Pensacola, FL 32506

800-874-6813

Fax: 850-456-5376

www.nationalstandardparts.com



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OF THE**



CREDIT INQUIRY

RE: _____

BANK: _____

ATTN: _____

The above prospective customer has given your bank as a credit reference. Will you kindly supply the information listed below? All information will be held in the strictest confidence. Thank you.

Years of Experience: _____

Size of Balance: _____

Loans Outstanding: _____

Obligations Met Promptly?: Checks Always Clear: _____

Worthy of Credit To: _____

Remarks: _____

Thank you,
Mary J. Reins
Office Administrative Assistant

In order for bank to release credit information, prospective customer must sign and give account information below.

Signature: _____

Account #: _____

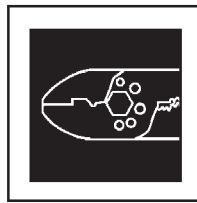
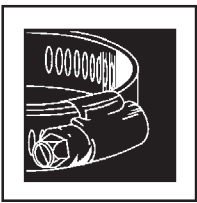
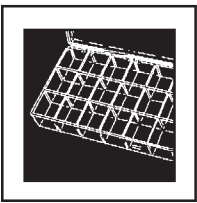
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CUSTOMER SURVEY

(PLEASE FILL OUT AND RETURN TO NSPA)

Has your NSPA Sales Representative contacted you? No Yes, Sales Rep. Name:

Company Name: Company Contact/Title:

Company Address: City: State: Zip:

Phone: Fax: E-mail: Website:

Purchasing MGR: Phone: Email:

Sales MGR: Phone: Email:

Product MGR: Phone: Email:

AP MGR: Phone: Email:

1. What is your primary business?
2. What is your target market? MRO/Bin Stock OEM Production Retail Other Distribution:
3. How do you take your product to market? Direct Sales Catalog Internet Other:
4. Distribution? Single-Step Multi-Step Manufacturer
5. How many outside salespeople does your company have?
6. How many inside salespeople does your company have?

PRODUCTS SOLD:

- | | | | | | |
|------------------------|---------------------------|--------------------------|-------------------------------|---------------------------|--------------------------|
| Wire Terminals | <input type="radio"/> Yes | <input type="radio"/> No | Fasteners | <input type="radio"/> Yes | <input type="radio"/> No |
| Heat Shrink Tubing | <input type="radio"/> Yes | <input type="radio"/> No | Automotive Products | <input type="radio"/> Yes | <input type="radio"/> No |
| Other Electrical Items | <input type="radio"/> Yes | <input type="radio"/> No | Tools | <input type="radio"/> Yes | <input type="radio"/> No |
| Assortment Kits & Bins | <input type="radio"/> Yes | <input type="radio"/> No | Fittings (Grease, Brass, Etc) | <input type="radio"/> Yes | <input type="radio"/> No |

PACKAGING INFO:

- Packaging Done In-House All Most Some None
- Assortments Built In-House All Most Some None
- Are you Interested in NSPA'S Custom Packaging Service? Yes No

VENDOR INFO:

- Who is your current vendor for Heat Shrink Terminals?
- Who is your current vendor for Heat Shrink Tubing?
- Who is your current vendor for Assortments?

How much are your anticipated purchases with NSPA this year?
(For credit limit purposes only)

How did you hear about us?

FAX BACK TO: NATIONAL STANDARD PARTS ASSOCIATES - 850-456-5376

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