



National Standard Parts Associates

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:	
	Email or Fax:	
2.	Company:	
	Email or Fax:	
3.	Company:	
	Email or Fax:	

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: _____

Manufacturer of the Sealed Electrical System

1301 East Belmont Street | Pensacola, Florida 32501 | 800-874-6813 P | 850-456-5376 F | info@nspa.com | www.nspa.com



National Standard Parts Associates

Credit Inquiry

RE:	
Bank:	
Attention:	

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:

DO IT ONCE.
DO IT RIGHT.

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

Signature _____

Account #: _____

Manufacturer of the Sealed Electrical System



National Standard Parts Associates

Customer Survey

Please fill out and return to NSPA: Email: Orders@nspa.com or Fax: 850-456-5376

Has your NSPA Sales Rep contacted you? No Yes! Sales Rep Name: _____

Company Name:			
Contact Name/Title:			
Company Address:			
City, State, Zip:			
Phone:		Fax:	
Email:		Website:	
Purchasing MGR:		Phone:	Email:
Sales MGR:		Phone:	Email:
Product MGR:			
Phone:		Email:	

Vendor Info

Who is your current vendor for Heat Shrink Terminals? _____

Who is your current vendor for Heat Shrink Tubing? _____

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

- | | | | |
|------------------------|--|----------------|--|
| Heat Shrink Terminals | <input type="radio"/> Yes <input type="radio"/> No | Copper Lugs | <input type="radio"/> Yes <input type="radio"/> No |
| Heat Shrink Tubing | <input type="radio"/> Yes <input type="radio"/> No | Crimping Tools | <input type="radio"/> Yes <input type="radio"/> No |
| Other Wire Terminals | <input type="radio"/> Yes <input type="radio"/> No | Heating Tools | <input type="radio"/> Yes <input type="radio"/> No |
| Other Electrical Items | <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

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

How did you hear about us? _____

Manufacturer of the Sealed Electrical System