

NSCA, LLC

A COMPANY SPECIALIZING IN QUALITY RECONDITIONED ELECTRONIC
TEST AND MEASUREMENTT EQUIPMENT

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CREDIT APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

FIRM NAME_____ TYPE OF BUSINESS_____

STREET ADDRESS_____ PHONE#_____

CITY/STATE/ZIP_____ FAX#_____

RESALE TAX #_____ FOR THE STATE OF:_____

CHECK ONE: CORPORATE____; LLC____; PARTNERSHIP____; SINGLE PROPIETORSHIP____

ACCOUNTS PAYABLE CONTACT_____ PHONE # _____

PRINCIPLE OFFICER_____ CONTACT_____

RESIDENT AGENT_____ ADDRESS_____

BANK REFERENCE

BANK NAME_____

STREET ADDRESS_____ PHONE#_____

CITY/STATE/ZIP_____ FAX#_____

ACCOUNT#_____ CHECKING____ SAVINGS____ LOAN____

BUSINESS REFERENCES

1) FIRM NAME_____ CONTACT_____

STREETADDRESS_____ PHONE#_____

CITY/STATE/ZIP_____ FAX#_____

ACCOUNT#_____

2) FIRM NAME_____ CONTACT_____

STREETADDRESS_____ PHONE#_____

CITY/STATE/ZIP_____ FAX#_____

ACCOUNT#_____

3) FIRM NAME_____ CONTACT_____

STREETADDRESS_____ PHONE#_____

CITY/STATE/ZIP_____ FAX#_____

ACCOUNT#_____

CREDIT LINE REQUESTING \$_____

SIGNITURE BELOW AUTHORIZES RELEASE OF CREDIT INFORMATION

OFFICER'S SIGNATURE_____ TITLE_____

Note: This application will take approximately one week for processing, once the completed application has been received. Applications that are not complete cannot be processed and will be returned.