



3960 Howard Hughes Parkway, Suite 500, Las Vegas, NV 89109  
(800) 731-2231, FAX: (800) 361-1558, sales@ndclean.com, www.ndclean.com

## CREDIT APPLICATION

The undersigned company is applying for credit with NEW DIMENSIONS SOLUTIONS, LLC and agrees to abide by the standard terms and conditions with NEW DIMENSIONS SOLUTIONS, LLC as printed on the reverse side.

Company Name: \_\_\_\_\_  
DBA (if different): \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail \_\_\_\_\_  
Federal Tax ID or Social Security Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
No. of Employees: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Are You a:

CORPORATION

State of Incorporation: \_\_\_\_\_  
Names, Titles and Addresses of Your Three Chief Corporate Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and Address of Your Resident Agent: \_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP

Names and Addresses of the Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Have you ever had credit with us before? Yes \_\_\_ No \_\_\_

If yes, under what name? \_\_\_\_\_

Authorized Purchasers: \_\_\_\_\_

**TRADE REFERENCES:**

Reference # 1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Reference # 2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Reference # 3 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

**BANK REFERENCES:**

Bank # 1 Account # \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

Bank # 2 Account # \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

I represent that the above information is true and is given to induce NEW DIMENSIONS SOLUTIONS, LLC to extend credit to the applicant. My company and I authorize NEW DIMENSIONS SOLUTIONS, LLC to make such credit investigation NEW DIMENSIONS SOLUTIONS, LLC sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to NEW DIMENSIONS SOLUTIONS, LLC any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Authorized Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE:**

1. Bills are sent on the first day of each month.
2. All bills become payable in full upon receipts and, if not paid by the end of the month, are considered past due.
3. A service charge of 2% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all service/items purchased on credit by the corporation.