**APPLICATION FOR CREDIT**

**Thank you for your interest in Broan and NuTone products. In order to accommodate your needs for credit availability, please provide the following information about your business along with a copy of your most recent financial statement.**

**All information will be held in confidence. If you prefer to mail this application directly to Broan, please send it to the Sales Department, Broan-NuTone LLC, P.O. Box 270140, Hartford, WI 53027 or fax to 262-673-8634.**

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| **Legal Name of Business** | | | |  | | | | | | | | | | | | | | |
| **Trade Style (s)** | |  | | | | | | | | | | | | | | | | |
| **Physical Address of Business** | | | | | | |  | | | | | | | | | | | |
| **Billing Address (If Different)** | | | | | |  | | | | | | | | | | | | |
| **Payor Address (If Different)** | | | | | |  | | | | | | | | | | **County** | |  |
| **Phone Number** | |  | | | | | | | | | | | **Fax Number** | |  | | | |
| **Check Legal Status:** | | | **Corporation** | | | | | | | **Partnership** | | | | | **Proprietorship** | | | |
| **Federal ID #** |  | | | | | | | | | | **Social Security No.** | | |  | | | | |
| **Date Business Established** | | | | |  | | | | **State of Incorporation or Registration of Partnership** | | | | | | | |  | |
| **List All Owners, Partners, or Corporate Officers and Titles** | | | | | | | | | | | |  | | | | | | |
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| **Estimated Credit Availability Required** | | | | | | | |  | | | | | | | | | | |

**Approval as an authorized Broan-NuTone LLC (“Broan”) distributor is granted at Broan’s sole discretion and is in part based on endorsement of the appropriate Broan Regional Manager and an opening $2,500.00 order.**

**Should credit availability be granted by Broan, all decisions with respect to extension or continuation of credit availability shall be at the sole discretion of Broan. Broan may terminate any credit availability at its sole discretion.**

**The undersigned agrees to pay for all purchases according to Broan’s terms of sale. No terms or conditions of purchase orders different from the terms of Broan will become part of any sales agreement, purchase order or other document unless specifically approved in writing by Broan. Terms of payment on all orders are subject to the approval of Broan’s Credit Department and, unless otherwise stated, are net 30 days from the date of invoice without regard to the date of delivery of the products.**

**It is understood that Broan may impose and charge a finance charge or delinquency charge which is the lower of one and one-half percent (1-½%) per month or the highest rate allowed by law on any amount which becomes past due or delinquent. Additionally, the undersigned shall be responsible for all collection costs and attorney fees in connection with any delinquent amount.**

**Products returned without Broan’s written authorization will not be accepted. Broan will not accept the return of any special, non-stock, obsolete or unsalable products. Broan may, at its option, accept other returned products subject to a restocking charge for inspection and repacking.**

**The person signing this application certifies that all of the information contained in this application and any attachments is true and correct to the best of their information, knowledge, and belief. A faxed copy of this credit application can be considered the original.**

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| **Date:** |  | **Name of Entity** |  |
| **Signature By** | | |  |
| **Printed Name** | | |  |
| **Title** | | |  |

**RESALE CERTIFICATE**

**Name of Purchaser**

**Address of Purchaser**

**I HEREBY CERTIFY: That I hold valid seller’s Permit No.**

**issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling.**

**That the tangible personal property described herein which I shall purchase from Broan-NuTone LLC will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is issued for any other purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:**

**Date Signature of Purchaser or Authorized Agent**

**REFERENCES**

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| **Bank** | |  | | | **Bank** | |  | | |
| **Address** | | | |  | **Address** | | | |  |
| **City** |  | | | | **City** |  | | | |
| **State, Zip** | | | |  | **State, Zip** | | | |  |
| **Acct. No.** | | | |  | **Acct. No.** | | | |  |
| **Contact** | | |  | | **Contact** | | |  | |
| **Fax No.** | | |  | | **Fax No.** | | |  | |

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| **Supplier Name** | | | | |  | **Supplier Name** | | | | |  |
| **Address** | | |  | | | **Address** | | |  | | |
| **City** |  | | | | | **City** |  | | | | |
| **State, Zip** | | |  | | | **State, Zip** | | |  | | |
| **Phone No.** | | | |  | | **Phone No.** | | | |  | |
| **Fax No.** | |  | | | | **Fax No.** | |  | | | |

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| **Supplier Name** | | | | |  | **Supplier Name** | | | | |  |
| **Address** | | |  | | | **Address** | | |  | | |
| **City** |  | | | | | **City** |  | | | | |
| **State, Zip** | | |  | | | **State, Zip** | | |  | | |
| **Phone No.** | | | |  | | **Phone No.** | | | |  | |
| **Fax No.** | |  | | | | **Fax No.** | |  | | | |

**The undersigned authorizes their bank to release credit information to Broan-NuTone LLC in consideration for credit availability.**

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| **Name** |  | **Title** |

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| **Territory No.** |  |  |  |