



CREDIT APPLICATION

(Please type or print)

Please complete, print, sign, and send to:
Email: ar@nascoeducation.com
Fax: 1.920.568.5796

901 Janesville Ave.
Fort Atkinson, WI 53538

Company Name _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Amount of Credit Requested \$ _____ FEIN: _____ Years in Business _____

Please select your business organization: Corporation Partnership Proprietorship Nonprofit Government

Are you tax exempt: YES NO *If YES, please include applicable exemption documentation*

PRIMARY CONTACT INFORMATION

Accounts Payable Contact Name _____

Phone _____ Email _____

Email address where you would like to receive electronic invoices: _____

Do you want to receive statements? YES NO

TRADE REFERENCES (No Utilities or Credit Cards)

1. Company Name _____ Account # _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

2. Company Name _____ Account # _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

3. Company Name _____ Account # _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCES

Bank Name _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Contact Name _____

Authorized Signature _____ Date _____ Title _____

Please contact our Accounts Receivable team for more information
Email: ar@nascoeducation.com • Phone: 1.800.558.9595 (Option 3) • Fax: 1.920.568.5796