

**CREDIT APPLICATION**



**2707 Toledo Ave.  
Lorain, OH 44055  
Telephone: 440-244-3330  
Facsimile: 440-244-3331**

<b>Organization Name</b>			
<b>Type of Entity</b> Corporation ___ Individual ___ Non-Profit ___	<b>Tax ID:</b>	<b>Full Name of President/Owner:</b>	
<b>Purchasing Agent</b>		<b>Telephone:</b>	<b>Fax:</b>
<b>Billing Address</b>			
<b>Shipping Address</b>			
<b>Bank Information</b>	<b>Name:</b>	<b>Account Number:</b>	<b>Tel:</b>
	<b>Contact:</b>	<b>Address:</b>	<b>Fax:</b>
<b>Date Submitted</b>		<b>Years in Business:</b>	
<b>Trade References</b>	<b>Name</b>	<b>Address</b>	<b>Telephone/Fax Number</b>

I certify that I have the authority to represent my organization, whose name and identity is specified in this application, for sales and credit purposes. I certify that the information provided in this application is the truth. I have seen and examined Novex Products, Inc., disposable products. I understand that sales information provided to me by Novex Products, Inc., is confidential, and I will not share such information, particularly prices of products, to any third party without written authorization and consent from Novex Products, Inc. I have read, understood, and agreed to abide by the Terms and Conditions of Sales provided to me by Novex Products, Inc. I will give permission to Novex Products, Inc., to contact my trade references, banks, and any other credit agency to inquire about my company's credit history, and give my consent to these institutions and references to release my company's credit history to Novex Products, Inc.

Full Name:

Position:

Signature: