



National Power Corporation

Street Address
5100 Departure Dr.
Raleigh, NC 27616

Mailing Address
P.O. Box 58729
Raleigh, NC 27658

Telephone
(800) 790-1672
(919) 790-1672

Fax
(919) 790-9714
(919) 790-9658

Credit Application

Please Circle: <i>New Account</i> <i>Account Update</i>		Date:
Who is your National Power Salesperson?:		
Project Name:		
BILLING INFORMATION		
Full Legal Name/Business Entity:		
Telephone Numbers:	Fax Numbers:	
Billing Address (Including City State, and ZIP Code):		
Shipping Address (Including City State, and ZIP Code):		

BUSINESS CREDIT INFORMATION		
Check Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual		
Officers/Principals:		
1.	Title	
2.	Title	
3.	Title	
4.	Title	
Billing Contact:	Billing Contact E-Mail:	
Credit Contact:	Credit Contact E-Mail:	
DBA or Subsidiary of:	Dun & Bradstreet Number:	Federal Tax ID Number:
Year Established:	Year Incorporated:	
Who is Authorized to Charge on your Behalf?		
Are You Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please fax signed exemption forms for all states in which tax exempt to (919) 790-9714.		

BANK REFERENCES	
Primary Bank Name:	
Contact:	
Telephone Number:	Fax Number:
Bank Address (Including City State, and ZIP Code):	
Account Number:	

TRADE REFERENCES	
<ul style="list-style-type: none"> • Three current suppliers; omit utilities, phone, and credit cards • Include All Fax Numbers 	
1. Name:	Account Number:
Contact:	
Telephone Number:	Fax Number:
Address (Including City State, and ZIP Code):	
2. Name:	Account Number:
Contact:	
Telephone Number:	Fax Number:
Address (Including City State, and ZIP Code):	
3. Name:	Account Number:
Contact:	
Telephone Number:	Fax Number:
Address (Including City State, and ZIP Code):	
Anticipated Monthly Dollar Volume:	

Credit Agreement

Terms: Net 30. 2% interest charge per month on delinquent accounts over 30 days. An additional amount equal to 25% of the total amount due shall be charged if this account is placed in the hands of an attorney for collection. This matter is referral to an attorney for collection 50 days after billing date.

I understand and agree to the above terms.

Signature

Title

Name (Printed)

Date

Fax this form and supporting documentation to (919) 790-9714