

**CONTACT INFORMATION  
REQUEST FORM  
FAX COMPLETED FORM TO: 801.495.3516**

**CONTACT INFORMATION**

	Ship To Address		Billing Address
Reseller Name:		Company Name:	
Address:		Address:	
City, ST:		City, ST:	
ZIP:		ZIP:	
Phone Number:			
FAX Number:			
Primary Contact:			
Contact email:			
EIN Number:			
Sales Tax Exempt #:			

Annual Sales    Less than 1M    1M - 10M    10M-50M    Greater than \$50M  
 Number of Locations: \_\_\_\_\_  
 Primary Business: \_\_\_\_\_  
 Current Distributors:    TESCO    Xentris    C5    Just Mobile    Other \_\_\_\_\_

**TRADE REFERENCES**

Company Name:		Company Name:	
Address:		Address:	
City, ST ZIP:		City, ST ZIP	
Contact Name:		Contact Name:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	

Company Name:		Company Name:	
Address:		Address:	
City, ST ZIP:		City, ST ZIP	
Contact Name:		Contact Name:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	



755 W. Concorde Park Dr  
Bluffdale, UT 84065  
801.495.3415 (Phone)  
801.495.3516 (Fax)  
www.nluproducts.com



## RIDER TO CREDIT APPLICATION

The undersigned certifies that the statements in this application are true and complete. You may verify and obtain additional information concerning the credit standing of the applicant. The applicant hereby authorizes the release of information regarding its account status. The applicant agrees to pay all bills and invoices when the same become due or payable pursuant to the terms of the sale. The applicant agrees that all transaction and disputes between the applicant and NLU Products L.L.C. shall be governed by the laws in the state of Utah, and further agrees that all legal actions and proceedings arising between applicant and NLU Products L.L.C. shall be commenced only in such state, and applicant hereby consents to the jurisdiction of the federal and state courts located in Utah.

Upon approval of credit with NLU Products L.L.C., I understand that I will not be sent a monthly statement. The invoice I receive will be the only notice to me that payment is due.

I also understand and agree to pay a service charge, not in excess of that specified by law that will be assessed (on a monthly or part-month basis) if I don't pay within the specified payment terms. I further understand and agree to pay the ACTUAL COLLECTION COST AND/OR LEGAL FEES required to obtain payment in case my account become delinquent.

Company Name:	Signed	
	Position:	Date:
Company Name:	Signed	
	Position:	Date:



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