



**APPLICATION TO OPEN AN ACCOUNT  
CREDIT APPLICATION IF NECESSARY**

**Office:**  
PO Box 9166  
Halifax, NS  
B3K 5M8  
1-800-646-2879 Order Desk  
454-7404 Metro

**Warehouse:**  
3731 MacKintosh  
Halifax, NS  
B3K 5A5  
1-888-253-3133 Fax  
455-5440 Metro Fax

**CONFIDENTIAL**

The information requested is for the express purpose of evaluating credit and assisting you in setting up an account with Nimbus Publishing so as to ensure a good working relationship.

Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: (if different from Billing Address) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Name of Partners/Owners: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Trade References: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Projected Sales: Current Year \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_  
Credit Limit requested: \$ \_\_\_\_\_ Credit Limit Granted: \_\_\_\_\_  
Amount of initial order \$ \_\_\_\_\_ Back Orders Y or N Hold orders to meet minimum Y or N

Contact Person: Accounts: \_\_\_\_\_ Ship VIA : \_\_\_\_\_  
Orders: \_\_\_\_\_ Tax Exempt # \_\_\_\_\_  
GST # \_\_\_\_\_ Specialization \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Salesperson \_\_\_\_\_  
Terms \_\_\_\_\_  
Billing Cycle \_\_\_\_\_  
Account Set \_\_\_\_\_  
Customer Type: \_\_\_\_\_  
A, B, C, D, E, Base

Account Type: \_\_\_\_\_  
Interest? Y/N \_\_\_\_\_  
Statements? Y/N \_\_\_\_\_ Tax Status \_\_\_\_\_  
Report Group \_\_\_\_\_  
Tax Group \_\_\_\_\_

Territory: \_\_\_\_\_  
Customer # \_\_\_\_\_

Price List: \_\_\_\_\_