



**Authorization to open account with Nuell, Inc.**

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Please note: We must have either your Federal ID number on file or social security information of the owner in order to proceed with setting up your account.)*

**Billing Address:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Shipping Address:**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**AAOMS Member?** Yes:  No  *(If yes please include your membership information)*

**Personal Information**

Owner, Partner, or Principal Officer: \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

1. Payment Terms: We agree to pay for all charges made to our account. We agree to pay this account in accordance with the credit terms of Nuell, Inc. We understand that all invoices from Nuell, Inc. are payable within thirty (30) days of receipt.
2. Revision of Terms: We understand that Nuell, Inc. may revise the terms upon which credit will be extended to us upon notifying us of those changes.
3. Default: In the event this account is placed in the hands of an attorney or a collection agency for collection or suit instituted to collect this account or any portion thereof, we agree to pay all attorney fees, court cost, or collection agency fees incurred. Any suit instituted to collect this account or to otherwise enforce the terms of this agreement may be brought by Nuell, Inc. in either Kosciusko Circuit Court, Kosciusko County, Indiana or the Federal District Court for the Northern District of Indiana and we agree that either court shall have jurisdiction over the parties and that venue of the action shall be appropriate in either court.

We hereby apply for credit with Nuell, Inc. and warrant that the information provided in this application is true and correct.

Signature of Owner, Partner or Officer authorized to make this application:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_