





NISIMOV WATCH CO., INC.

706 S. Hill Street Suite 1120, Los Angeles, CA 90014

Tel: (213) 688-1179 Fax: (213) 688-1154 Toll Free: 1-800-ONISS56 Email: sales@nisimovwatch.com

Business Credit Application

Business Credit Application Name / Address							
Last:	First:	Middle Initial:			Title		
Name of Business	:				Tax I.D.	No.	
Address:							
City:	State:	ZIP:	Phon	e:			
Company Inform	nation						
Type of Business:		In Business Since:					
Legal Form Under	Which Business Opera	ites:					
			Corporation	Partners	hip □	Proprietorship □	
If Division / Subsidiar, Name of Parent Company: In Business Since:							
Name of Company	/ Principal Responsible	for Business 7	Fransaction:		Tit	tle:	
Address:	C	City: Zip:			Phone:		
Name of Company	Principal Responsible	for Business 7	Fransaction:		Tit	tle:	
Address:	C	City:	Zip:		Phone:		
Bank References	s						
Institution Name:		Institution Name:			Institution Name:		
Checking Account	#:	Savings Account #:		(Other Acct.:		
Address:		Address:			Address:		
Phone:		Phone:			Phone:		
Trade Reference	es	<u> </u>					
Company Name:		Company Name:			Company Name:		
Contact Name:		Contact Name:		(Contact Name:		
Address:		Address:		/	Address:		
Phone:		Phone:		-	Phone:		
Account Opened S	Since:	Account Opened Since:		/	Account Opened Since:		
Credit Limit:		Credit Limit:		(Credit Limit:		
Current Balance:		Current Balance:			Current Balance:		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature	Date