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# Credit Application

## OFFICE USE ONLY

ACCOUNT NUMBER		CREDIT LINE		BY
SALES CONTACT		LOCATION		DATE
<input type="checkbox"/> IS	<input type="checkbox"/> FS	<input type="checkbox"/> LF	<input type="checkbox"/> RC	CustTy ID

## BUSINESS INFORMATION

Check the appropriate box for federal tax classification; check only one of the following six boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Limited liability company. Enter the tax classification ( C = C Corporation, S = S corporation, P = Partnership) ▶ _____				TYPE OF WORK PERFORMED	
				FEDERAL ID #/ SOCIAL SECURITY #	DATE
LEGAL COMPANY NAME				DBA	
STREET ADDRESS			CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS		WEBSITE	
YEARS IN BUSINESS	DATE INCORPORATED	STATE OF INCORPORATION		TAX EXEMPT: <i>If yes, Tax Exempt form required.</i>	
COMPANY OWNER (1)	TITLE	HOME ADDRESS	CELL PHONE	HOME PHONE	% OWNERSHIP
COMPANY OWNER (2)	TITLE	HOME ADDRESS	CELL PHONE	HOME PHONE	% OWNERSHIP
COMPANY OWNER (3)	TITLE	HOME ADDRESS	CELL PHONE	HOME PHONE	% OWNERSHIP

If more than three owners, please attach a separate sheet listing additional owner information.

SUBSIDIARIES OR AFFILIATED ENTITIES

Have any of the above companies or owners ever filed for bankruptcy?     Yes     No

If yes, include court and case number:

Any liens, judgments or suits filed or pending?     Yes     No

If yes, include court and case number:

## ORDERING INFORMATION

Are purchase orders required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated amount of monthly purchases
ACCOUNTS PAYABLE CONTACT NAME	A/P PHONE NUMBER & EXTENSION
	A/P EMAIL ADDRESS

## SUPPLIER AND BANK REFERENCES - NEW CUSTOMERS ONLY

COMPANY NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
COMPANY NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
COMPANY NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
COMPANY NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
BONDING COMPANY NAME			PHONE NUMBER	
DISBURSING AGENT/TITLE COMPANY NAME			PHONE NUMBER	
BANK NAME	CONTACT NAME	PHONE NUMBER	FAX NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
ACCOUNT NUMBER (1)	ACCOUNT NUMBER (2)	ACCOUNT NUMBER (3)	ACCOUNT NUMBER (4)	

Revised Date: January 2026



Corporate Office | Negwer Materials, Inc.  
 49 Airport Road, St. Louis, Missouri 63135  
 Phone 314-522-0579 | Fax 314-522-1008  
 Email: [credit@negwer.com](mailto:credit@negwer.com) | [www.negwer.com](http://www.negwer.com)





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## Paperless Invoice/Statement Agreement

### FOR OFFICE USE ONLY

CUSTOMER NUMBER	SALES CONTACT
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### BUSINESS INFORMATION

COMPANY NAME	CONTACT NAME
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COMPANY BILLING ADDRESS
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CITY	STATE	ZIP
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PHONE NUMBER	FAX NUMBER
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Enter the email address(es) to which we can send your invoices and statements.

E-mail

E-mail

By signing below, you are giving consent to Negwer Materials, Inc./Negwer Door Systems to change the method of distributing your invoices and/or statements as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Revised Date: January 2026



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