

Have you ever had an account with NICE before?

Account #:

Corporation Name:

Company Name:

DBA:

Address:

City:

State:

Zip:

Country:

Phone:

Fax:

Email:

Website:

Federal Tax ID:

D&B #:

Date of Incorporation:

State of Incorporation:

Number of employees:

Business Type:

Tax Exempt?

A/P Contact Information:

Name:

Email:

Phone:

Fax:

Do you accept electronic invoices:

Do you send electronic payments:

Bank Refereces

Bank Name:

Account #:

Email:

Phone:

Fax:

Trade Information

¹Trade References:

Name:

Email:

Phone:

Fax:

Account #:

²Trade References:

Name:

Email:

Phone:

Fax:

Account #:

³Trade References:

Name:

Email:

Phone:

Fax:

Account #:

Credit line requested:

Financials Available:

Agreement

Applicant hereby certifies that the above information on this credit application is true and correct and authorizes verification through any recognized agency. Applicant understands and acknowledges that this form is only an application for credit approval by NICE Systems, which approval is at the sole and absolute discretion of NICE Systems. Applicant shall be notified in writing (by mail or email) if and when credit is extended by NICE Systems.

Name:

Title:

Date:

Name:

Title:

Date: