

Credit Application

In an effort to provide the best possible service, we request you complete the following information and return via fax to (919) 494-1472. Please include a copy of your North Carolina State Resale Certificate. We are a wholesale only business and require this certificate prior to any sale of product.



Please allow 3 business days for processing.

Thank You,

Novozymes North America, Inc.

Company Information:

Company:	
Contacts:	
Purchasing:	
e-mail address:	
Accounts Payable:	
Phone:	Fax:
Bill To Address:	Ship To Address:
Street:	Street:
P.O.	P.O.
City, State, ZIP	City, State, Zip

This location is:

Home Office

Branch Location

If Branch location, list location of Home Office:

Trade References:

Name:	Phone:
Address:	Fax:
City, State, Zip:	Contact:
Name:	Phone:
Address:	Fax:
City, State, Zip:	Contact:
Name:	Phone:
Address:	Fax:
City, State, Zip:	Contact:

Bank Information:

Name:	Phone:
Address:	Fax:
City, State, Zip:	Contact:
Account	

NZNA Internal Use Only:

Customer No:	CRM:	Industry:
Turnover:	Credit Limit:	Terms:
Approval:	Date:	
Approval:	Date:	

445 Old Smith Farm Road, PO Box 576, Franklinton, NC 27525-0576 Phone: 919-494-1246 Fax: 919-494-1472