



# NEI Account Creation Form

ACF-0213

NAME OF FIRM OR INDIVIDUAL PHONE  
ADDRESS FAX  
CITY STATE ZIP COUNTY (IF TAXABLE)  
TAX EXEMPTION # (IF NON-TAXABLE)  
**PLEASE FURNISH A COPY OF YOUR EXEMPTION OR RESALE CERTIFICATE**

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## OWNERSHIP:

CORPORATION	PARTNERSHIP	INDIVIDUAL			
1. NAME(S) OF PRINCIPAL(S)					
ADDRESS			ZIP	PHONE	FAX
2. NAME(S) OF PRINCIPAL(S)					
ADDRESS			ZIP	PHONE	FAX

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## FINANCE:

BANK				
ADDRESS	ZIP	PHONE	FAX	
BANK OFFICER OR DEPARTMENT				
ADDRESS	ZIP	PHONE	FAX	

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## REFERENCES (PLEASE PROVIDE AT LEAST THREE TRADE REFERENCES)

1. BUSINESS NAME				
ADDRESS	ZIP	PHONE	FAX	
2. BUSINESS NAME				
ADDRESS	ZIP	PHONE	FAX	
3. BUSINESS NAME				
ADDRESS	ZIP	PHONE	FAX	

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## OTHER INFORMATION:

TYPE OF BUSINESS			
ACCOUNTS PAYABLE REPRESENTATIVE		TYPE OF CREDIT APPLYING FOR	
PERSON AUTHORIZED TO PLACE ORDERS		AMOUNT	
AUTHORIZED SIGNATURE, TITLE		DATE	

[neigps.com](http://neigps.com)

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**N 30° 13' 45" W 92° 03' 33"**