



www.nordencrafts.com

502 Morse Ave. Unit K
Schaumburg, IL 60193
Phone: 847-891-0770
Toll Free: 800-323-1252
Fax: 847-891-0976
mail@nordencrafts.com
www.nordencrafts.com

Dear Prospective Customer,

We want to personally thank you for your interest in Norden Crafts. Whether you are an established business or just starting your enterprise, we welcome you. Norden Crafts has been in existence since 1962 and under current ownership since 1994. We are a family run business, and we have worked very hard to reach a customer service level to be proud of.

It is our goal to be as supportive as possible of the retail community. One very important form of support is to make every effort to sell only to qualified retail accounts. If your business is focused around the Craft industry, please fill out the account application on the following page. If you intend to have purchases charged to a credit card, please fill out FORM 1. If you would like to apply for credit with Norden Crafts, please fill out FORMS 1 & 2, excluding the credit card information on FORM 1.

The entire staff at Norden Crafts will work to earn your loyalty with each and every order. If you have any questions, or concerns, please feel free to contact us anytime.

Sincerely,

Dave Stott
Matt Stott
Katy Stott Fong



www.nordencrafts.com

Norden Crafts Account Number

To open a wholesale account, please complete and sign this form and return to:

Email - katy@nordencrafts.com * FAX (847)891-0976

Norden Crafts Ltd.
502 Morse Ave. Unit K * Schaumburg * IL * 60193
800-323-1252

Date # ___/___/___

Legal Business Name _____

Legal Owner(s) _____

DBA (if applicable) _____

In business since _____ Vendors License/Resale # _____

Shipping Address _____

City _____ State/Prov _____ Postal/Zip Code _____

Billing Address (if different than above) _____

City _____ State/Prov _____ Postal/Zip Code _____

Manager _____

Others Authorized to place orders _____

Phone _____ Fax _____

E-mail _____ Website _____

I would like to receive email newsletters from Norden Crafts. YES NO

Trade Style: (Please check all that apply) ___Retail ___Design ___Manufacturer ___Website
___ Mail Order ___Wholesale ___Other (please specify) _____

Credit Card Information

All customers located outside the USA, are required to have credit card terms.
Please photocopy front and back of card together with Photo I.D. for credit card purchases.

I/We hereby authorize Norden Crafts to charge me for all purchases made using my

VISA MASTERCARD DISCOVER

Name on Card: _____ CVV Code _____

Card Number: _____ Expiration Date _____

Credit Card billing address and telephone number:

Address _____ Phone Number _____

City _____ State/Province _____ Zip/Postal Code _____

Authorized Signature _____ Date _____

Please note: Norden Crafts Ltd. is the company name, which will appear on your credit card billing statement.



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Norden Crafts Credit Application

For Trade Credit, please complete and sign this form and return to:

Norden Crafts Ltd.

502 Morse Ave. Unit K, Schaumburg, IL, 60193

Toll Free 800-323-1252 * Fax 847-891-0976

Email: katy@nordencrafts.com

Legal Business Name _____ Norden Crafts Account Number _____

Legal Owner _____ Alternate Phone _____

Social Security # _____ - _____ - _____

Legal Owner(s) _____ Alternate Phone _____

Social Security # _____ - _____ - _____

Credit Amount Requested \$ _____

Trade References:

1. Company Name _____ Your Account Number with Vendor _____

Phone _____ Fax _____ Email _____

Doing Business Since _____ Last Order Date _____

2. Company Name _____ Your Account Number with Vendor _____

Phone _____ Fax _____ Email _____

Doing Business Since _____ Last Order Date _____

3. Company Name _____ Your Account Number with Vendor _____

Phone _____ Fax _____ Email _____

Doing Business Since _____ Last Order Date _____

Bank Reference:

Bank Name _____ Account Manager/Contact _____

Bank Address _____ City _____

Bank State _____ Country - USA Zip Code _____

Bank Account # _____ Phone _____

I/We hereby authorize Norden Crafts Ltd. to make enquiries necessary in order to grant credit approval.

The information and statements in this credit application are true and complete. I/We hereby agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal actions, to pay an additional charge equal to the cost of collections, including agency, attorney fees, and court costs incurred and permitted by laws governing these transactions. All returned checks will be charged a \$20.00 fee.

Signed _____ Title _____ Date _____