



CREDIT APPLICATION FORM

Legal Name of your Company: _____

Billing Address: _____ City: _____

State: _____ Zip Code: _____

Country: _____ Phone: _____

Fax _____ E-mail address: _____

Purchase Order number required Yes No

Number of years in business: _____

Credit limit requested: _____

Legal status: C-Corp S-Corp LLC Other

Buyer Name: _____ Phone: _____

Fax: _____ E-mail address: _____

Accounts Payable Contact: _____ Phone: _____

Fax: _____ E-mail address: _____

EIN number (TAX ID or FEIN)#: _____

Tax exempt: Yes No

If yes, please provide your certificate

Owner or Shareholder:

Name: _____ Phone: _____

Name: _____ Phone: _____

BANK REFERENCES

Bank: _____ Contact person: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Country: _____ Bank account #: _____



180 Arboit street, L'Assomption, Québec, J5W 4P5, Canada
1-844-443-0332

ACTIVE SUPPLIERS

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____ State: _____

Fax: _____

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____ State: _____

Fax: _____

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____ State: _____

Fax: _____

This is to certify that **Energy Door Company** has been authorized to obtain credit information, and we accept the terms of Net 30 days. Interest of 2% per month (24% annually) will be added on any unpaid amount due. Any unpaid merchandise remains the property of Energy Door Company. until full payment.

Authorized Signing Officer Name in print characters Date

For Internal Use

Sales ID #: _____

Credit limit: _____

Payment terms: _____

If applicable, please provide your Tax-Exempt certificate