



## 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

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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 exempt:  Yes  No

If yes, please provide your certificate

### Owner or Shareholder:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## 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

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## 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**