

CREDIT APPLICATION FORM

Legal Name of your Company:			_
Billing Address:		City:	_
State / Province:		Zip Code/Postal Code:	_
Country:		Phone:	_
Fax	E-mail address:		_
Purchase Order number required ☐ Yes ☐ No	0		
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, FEIN or Business Number)#:			
Tax exempt: \square Yes \square No			
If yes, please provide your certificate			
Owner or Shareholder:			
Name: Ph	none:		
Name: Ph	none:		
BANK REFERENCES			
Bank:	Contact	person:	
Address:	Phone:		
City:	Fax:		
State/Province: Country:	•	Bank account #:	

Version date: 07-06-21



ACTIVE SUPPLIERS

Name:		Contact:		-		
Address:		Phone:		_		
State/Province:		Fax				
Name:		Contact:		_		
Address:		Phone:				
State/Province:		Fax:		_		
Name:		Contact:				
Address:		Phone:		-		
State/Province:		Fax:		_		
This is to certify that Energy Door C odays. Interest of 2% per month (24% property of Energy Door Company.	% annually) will be added			•		
Authorized Signing Officer	Name in print char	racters	Date			
For Internal Use						
Sales ID #:		_				
Credit limit:		_				
Payment terms:						

If applicable, please provide your Tax-Exempt certificate

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