



# CREDIT APPLICATION

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**BEFORE EVALUATION CAN BE MADE, APPLICATION MUST BE COMPLETED IN FULL.**

## ORGANIZATION (Please Print or Type)

Name of Organization		Application Date
Billing Address	City, State, ZIP	Building is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented
Shipping Address (if different from above)	City, State, ZIP	Check if Required: <input type="checkbox"/> Purchase Order <input type="checkbox"/> Job Name
Phone Number	Fax	Cell Number
E-mail Address(es) *Invoices will be e-mailed to these addresses		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		Federal Tax ID Number

## OFFICERS/OWNERS

Principal/Owner/Title	Address	Social Security # /DL#/ST/DOB

## ACCOUNTS PAYABLE CONTACT:

Tax Status: <input type="checkbox"/> TAXABLE <input type="checkbox"/> EXEMPT	Exemption / Resale Number	If purchases are exempt from sales tax – a signed exemption or resale certificate <b>MUST</b> be attached.
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## TRADE REFERENCES

Business Name / Contact	Address	Email / Phone Number
1.		
2.		
3.		

## BANK REFERENCE

Bank (Business)	Location	Account #	Phone Number	Contact
Bank (Personal)	Location	Account #	Phone Number	Contact

In consideration for the extension of credit, said business promises to pay for all purchases within terms and agrees to pay a service charge per month of 2% per month (24% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay the collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

By: \_\_\_\_\_  
Authorized Signature                      Print Name                      Title                      Date