

483 NW 68th Ave Ocala, FL 34482 Credit Application for a Business Account

Phone: 352-236-7908 Fax: 352-369-9239

Business Information:				
Company Name:				
Sole Proprietorship	Partnership	Corporation	Other ()
Officers:		Title:		
		Title:		
Mailing Address:				
Shipping Address:				
Phone:		Fax:		_
Email Contact:		Email Addres	s:	
How long in business:		Time at current address?:		
Credit line requested?:		Purchase orde	er required?:	
Tax exempt?: ☐ Yes ☐	No If yes, please s	send the tax exempt form	back with signed credit application.	
Tax number:				
Contacts:				
Purchasing:	Accounts Payable:			
Bank Information:				
Name of Bank:	:: Account Number:			
Address:	City:	State:	Zip:	
Phone Number:	Main Co	ontact:		

Signer's Initials:

Title:

Business / Trade References 1.) Company Name:_____ Address: _____ City: _____ State: ____ Zip: ____ Phone#: _____ Fax#: Contact: Type of Account: _____ 2.) Company Name: Fax#: _____ Phone#: Contact: Type of Account: 3.) Company Name: Address: _____ City: _____ State: ____ Zip: ____ Phone#: _____ Fax#: _____ Contact: Type of Account: Agreement: 1. All Invoices are to be paid within your net period indicated on your invoice. A service charge of 1 1/2% per month of the unpaid balances may be added to past due accounts. 2. Issues with parts, invoicing, etc. must be addressed within seven (7) working days of receipt. 3 By submitting this application, I authorize **PI FOWET INC** to make inquiries into the banking and business/trade references that I have supplied. I certify that all the information provided is correct and that I fully understand your credit terms and agree to the proper payment in consideration of extended credit. We further acknowledge that credit privileges, if granted, maybe withdrawn at anytime. 4. In the event this account is referred to a collection agency or attorney, I agree to pay all fees charged including collection fees, attorney fees, court cost and any fees associated with collection of moneys owed. 5. I am aware that prices can change at anytime and there is no returns on electrical parts or parts that have been installed or are in a condition which make the parts unable to be resold. If parts are returned, unless previously arranged. I will be responsible for the current restocking fee. Signed: _____ Date: _____ (Principal/Officer or responsible party for payment)

PJ Power, Inc.

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AUTHORIZATION TO RELEASE CREDIT INFORMATION!

(Company Name)	authorizes PJ Power, Inc. to obtain the credit
information needed to make a informed	decision as to allow us to purchase from <i>PI Power, Inc.</i> on
an "Open Account" status.	
Your cooperation in releasing this inform	nation to PJ Power, Inc. is greatly appreciated.
Signed - Company Representative (must be	e someone authorized to sign for banking transactions)
Title:	
Phone:	
Date:	