



Phone: 616-742-9102
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Email: sales@pisatsolar.com

CREDIT APPLICATION

DATE: _____

BILLING NAME: _____ CREDIT REQUESTED: \$ _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ FAX: _____
NAME OF OFFICER, OWNER OR ACCT MANAGER: _____ TITLE: _____
EMAIL ADDRESS: _____
PERSON TO CONTACT RELATING TO INVOICE OR PAYMENT: _____
COMPANY COMPOSITION INDIVIDUAL PARTNERSHIP LLC CORPORATION
TAX ID. NO. _____ D&B RATING: _____
ARE WRITTEN PURCHASE ORDERS REQUIRED? _____

BANK REFERENCE

NAME: _____ BANK OFFICER: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____ ACCOUNT#: _____

BUSINESS REFERENCES: VENDORS WITH WHOM YOU HAVE ESTABLISHED CREDIT

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____
PHONE: _____ PHONE: _____

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____
PHONE: _____ PHONE: _____

ALL LINES MUST BE COMPLETED

We agree that all of the above information is correct. We also agree to allow a representative of PiSAT Solar to contact the bank listed above for further information regarding credit history. We authorize the above listed references to release the information requested as related to the purchasing of PiSAT's products. We understand that invoices are payable within 30 days from their date.

COMMENTS: _____

(DATE) _____ (AUTHOURIZED REP) _____