

# Credit Application

Please fill out this form and email to: [service@800pwrsvc.com](mailto:service@800pwrsvc.com)

Legal Business Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

How long at this address? If less than one year in same, please give previous address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is PO number required on invoice?  Yes  No

Number of copies required \_\_\_\_\_

Type of business? \_\_\_\_\_

How long in business? \_\_\_\_\_

Our License Number? \_\_\_\_\_

Our License Type? \_\_\_\_\_

We except our monthly credit requirements from you to be about \$ \_\_\_\_\_

## Partnership or Proprietorship:

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

## Corporation:

Correct Corporate Identity: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ State of Incorp: \_\_\_\_\_

President Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

Vice Pres. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

Secretary Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address: \_\_\_\_\_

Does company own real property? If yes, give address: \_\_\_\_\_

Does individual own real property? If yes, give address: \_\_\_\_\_

Bank. Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account in name of: \_\_\_\_\_

Bank. Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account in name of: \_\_\_\_\_

**Principal Suppliers:**

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Address: \_\_\_\_\_

**TERMS AND CONDITIONS**

OnLine Power reserves the right to limit or withdraw the extension of credit at any time. All accounts receivable and credit functions are processed through OnLine Power's headquarter in the City of Commerce, California. Consequently, it is agreed that this agreement entered into and to be performed in the City of commerce, California in the event of suit or legal actions, venue and jurisdiction will take place in the City of Commerce, California and that this will be at the option of OnLine power Applicant (s) give their permission to OnLine Power and/or it's agents to verify and / or supplement the information stated hereon.

**AGREEMENT**

In the event this Agreement is placed by OnLine Power in the hands of an attorney or collection agency after default for enforcement of collection costs, interest at the rate of 18% per annual, together with reasonable attorney's fee including without limitation fees for the successful defense of any cross claim or counterclaim.

\_\_\_\_\_  
Signature of corporate Officer

\_\_\_\_\_  
Signature of corporate Officer

\_\_\_\_\_  
Print Name of corporate Officer

\_\_\_\_\_  
Print Name of corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date