



---

## Credit Application Form

PLEASE FILL OUT, SIGN AND RETURN THIS FORM BY:

FAX TO: 901-850-9797 OR E-MAIL TO: [mhouse@powertechinc.com](mailto:mhouse@powertechinc.com)

Date: \_\_\_\_\_ #Pages: \_\_\_\_\_

---

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Date \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### TRADE REFERENCES:

Company \_\_\_\_\_ Fax \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Fax \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Fax \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_