CUSTOMER CREDIT APPROVAL APPLICATION

12PanelNow.com • Please complete all sections that apply and sign at bottom

APPLICANT INFORMATION

APPLICANT NAME (EXACT BUSINESS NAME)

DOING BUSINESS AS

D-U-N-S NUMBER

MAIN POINT OF CONTACT - NAME

MAIN POINT OF CONTACT - EMAIL

PHONE NO.

FAX / OTHER

PHYSICAL ADDRESS

PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NO.

EMAIL

BUSINESS DETAILS

YEAR ESTABLISHED

FEDERAL TAX ID NO.

EXEMPTION NO.

Ownership Type:

☐ Sole Proprietor ☐ S Corporation ☐ C Corporation ☐ Partnership ☐ Other

IF CORPORATION, STATE OF INCORPORATION

DATE OF INCORPORATION

STATE

☐ Are you a Subsidiary? ☐ Or a Division?

PARENT COMPANY NAME (IF APPLICABLE)

PARENT COMPANY - STREET, CITY

PARENT COMPANY - STATE, ZIP

Will the Parent Company guarantee debts?

☐ Yes ☐ No

PAYMENT METHOD & TERMS

☐ Check ☐ Credit Card ☐ Wire ☐ ACH ☐ Net 30 Terms ☐ Net 15 Terms

BANK INFORMATION (FOR CHECK / WIRE / ACH)

BANK NAME

BANK ADDRESS

ACCOUNT NUMBER

ROUTING NUMBER

BANK STREET ADDRESS

BANK PHONE NUMBER

☐ Business Account ☐ Checking ☐ Other

CREDIT CARD PAYMENT

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CREDIT CARD NUMBER

EXP. MONTH (MM)

EXP. YEAR (YY)

CVV

CARDHOLDER NAME

BILLING ADDRESS

CITY

STATE

ZIP

PURCHASING PROFILE

Estimated Monthly Sales Volume:

☐ Under $5,000 ☐ $5,000 - $10,000 ☐ $10,001 - $25,000 ☐ Over $25,000

Frequency of Purchases:

☐ Weekly ☐ Biweekly ☐ Monthly ☐ Quarterly ☐ Other

Purpose of Applying for Credit:

☐ Regular Supply Account ☐ Seasonal Purchasing ☐ Backup Supplier Credit ☐ Other

IF FREQUENCY "OTHER," PLEASE SPECIFY

IF PURPOSE "OTHER," PLEASE SPECIFY

ACCOUNTS PAYABLE CONTACT

ACCOUNTS PAYABLE CONTACT NAME

ACCOUNTS PAYABLE EMAIL

ACCOUNTS PAYABLE PHONE #1

ACCOUNTS PAYABLE PHONE #2

AUTHORIZATION & SIGNATURE

By signing below, the applicant certifies that the information provided on this application is true and accurate, and authorizes 12PanelNow.com to verify credit references and, if necessary, obtain a credit report in connection with this application.

AUTHORIZED SIGNATURE

TITLE

DATE