

BUSINESS CREDIT APPLICATION



<http://www.SUNGEN.com>
GreenEnergy@SUNGEN.com

Please fax complete form with a copy of your latest financial statement to (626) 226-4560 or 852-3106-2801

Company Name _____ Type of Business _____ Phone Number _____ Fax Number _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: Corporation Partnership Sole proprietor Years in business: _____

Government Non-Profit Tax Exempt? Yes No
(If yes, please include reseller permit)

Parent company names (If different than above): _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Bank References

1. _____
Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____

2. _____
Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____

Trade References

1. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

2. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

3. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only DATE: ___/___/___
CREDIT LIMIT: _____ APPROVED BY: _____