



CREDIT APPLICATION

TOLL FREE: 866.764.7278
Phone: 734.710.6662
Fax: 734.710.6666

DATE: FAX: PHONE:

NAME OF FIRM/CORPORATION:

STREET:

CITY: STATE: ZIP:

THE FOLLOWING INFORMATION IS SUBMITTED FOR YOUR CONSIDERATION AS A BASIS OF CREDIT TO US:

WE OPERATE: WE HAVE BEEN ESTABLISHED SINCE:

WHAT BRANDS OF EQUIPMENT DO YOU HANDLE:

OUR LEGAL ENTITY IS: CORPORATION CO-PARTNERSHIP PROPRIETORSHIP

(IF CORPORATION, LIST NAMES OF OFFICERS AND TITLES) TAX ID #:

OWNER: MANAGER: A/P CONTACT:

ANNUAL SALES VOLUME: MONTHLY CREDIT DESIRED:

PLEASE LIST 3 TRADE REFERENCES THAT YOU ARE PRESENTLY DOING BUSINESS WITH:

****PLEASE INCLUDE FAX NUMBERS FOR IMMEDIATE RESPONSES****

COMPANY	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP
COMPANY	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP
COMPANY	PHONE	FAX	
ADDRESS	CITY	STATE	ZIP

CONTACT PERSON:

WE UNDERSTAND AND AGREE WITH THE CREDIT TERMS OF PNG TECHNOLOGIES, WHICH REQUIRE ALL INVOICES TO BE PAID WITHIN THIRTY (30) DAYS FROM INVOICE DATE.

DATE: COMPLETED BY: TITLE: