



CREDIT APPLICATION

Powerwerx, Inc.

23695 Via Del Rio, Yorba Linda, CA 92887 • 714-674-0073 Phone • 714-674-4949 Fax

ACCOUNTS PAYABLE CONTACT INFORMATION		
Name:	Title:	
Phone :	E-mail:	
Billing Address:		
City:	State:	ZIP Code:
PAPERLESS BILLING OPTION?		
<input type="checkbox"/> Yes, email invoices to:		
<input type="checkbox"/> Yes, fax invoices to:		
<input type="checkbox"/> No, mail paper invoices to our billing address.		
PURCHASING CONTACT INFORMATION		
Name:	Title:	
Phone :	E-mail:	
Shipping Address:		
City:	State:	ZIP Code:
BUSINESS AND CREDIT INFORMATION		
Legal Business Name:	DBA (Trade Name):	
Year of Incorporation:	State Incorporated In:	
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Federal Tax ID (EIN):	Current Annual Sales:	
Terms Requested: <input type="checkbox"/> Net 30 <input type="checkbox"/> Credit Card <input type="checkbox"/> Other:		
BANK REFERENCE		
Bank Name:	Contact Person:	
Bank Address:		
City:	State:	ZIP Code:
Bank Phone:	Bank Fax:	
BUSINESS/TRADE REFERENCES		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		



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SIGNATURES

If our firm is approved to purchase under credit account, "we agree: (i) that all invoices are due and payable strictly according to the payment terms stated on the invoice; (ii) to pay all cost, charges and expenses, including reasonable attorney's fees, with respect to any effort, action or suit to enforce any agreements herein, collection of any invoices for purchased products, or to enforce the Individual Personal Guaranty attached (iii) that Powerwerx, Inc. and its subsidiaries are authorized to check and obtain information concerning our credit history and trade, bank, and personal credit information. Further, we authorize any such person possessing such information to release it to Powerwerx, Inc. and its subsidiaries."

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Signature	Signature
Print Name:	Print Name:
Title:	Title:
Date:	Date:

This application must be completed in full and emailed to sales@powerwerx.com or faxed to **714-674-4949**.