



CREDIT APPLICATION

BUSINESS CREDIT INFORMATION

Company Name:

Address:

City:

State:

Zip:

Phone:

Fax:

A/P E-mail:

Legal Type: (check below)

☐ Sole Proprietor

☐ Corporation

☐ LLC

☐ Govt/School

Federal ID #:

Year business established (YYYY):

Annual Revenue:

INDIVIDUAL AND/OR AUTHORIZED OFFICER

Name as it appears on driver's license:

Address:

City:

State:

ZIP Code:

Home phone:

Cell:

E-mail:

Social Security Number:

Date of Birth:

Years at current address:

Gross Monthly Income:

BANKING INFORMATION

Bank Name:

Phone:

Contact:

☐ Checking account number: _____

☐ Saving account number:

☐ Other account number:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Eagle Power to make inquiries into the banking and business/trade references that you have supplied.
3. If applicant fails to comply with payment terms Eagle Power reserves the right without any prior notice to terminate this agreement

SIGNATURES

Signature:

Title:

Date:

X

COPY OF DRIVER'S LICENSE REQUIRED

(For internal Use) Account Number: