

CONFIDENTIAL CREDIT APPLICATION

(Company (Applicant)		Business Type			Busin	Business Since			
S	Street Address		Phone			Fax	Fax Zip			
(City			Sta	State					
S	Shipping Address if Different T	Address if Different Than Above Street								
City				Sta	State		Zip			
Pleas	se Check One: Corporation		Partnership []	In	dividual				
State	Reseller Permit No.:	Federal T	ax I.D. No.:		Website	:				
Full	Name of Owner or Owners (or	Authorized Officer of	f Corporation):							
F	Buyer Name	Phone	Fax	E-	mail					
Credit Limit Requested			Terms Requested							
A	A/P Name	Phone	Fax	E-	mail					
Trad	le References			I						
1. Company NameContact Name:										
	Address		Account No							
	Phone	Fax	E-mail_							
2.	Company Name	Company NameContact Name:								
	Address	Address				Account No				
	Phone	Fax								
3.	Company Name	Contact Name:								
	Address	Accou			unt No					
	Phone	Fax	E-mail_							
Bank Account Number			Checking Other	; 🗆 Lo	oan □	Savings				
Bank Contact				Phone			Fax			
Authorized Signature:				Title	:		Date:			

PLEASE RETURN COMPLETED APPLICATION VIA EMAIL TO SALES@RAYTRAYSOLAR.COM