



COMPANY NAME \_\_\_\_\_

DBA OR SUB/DIV OF \_\_\_\_\_

**BILLING**

**SHIPPING**

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

WEBSITE \_\_\_\_\_

FAX \_\_\_\_\_

TAX EXEMPT # \_\_\_\_\_

**NAME OF PRINCIPALS**

**TITLE**

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

**ESTABLISHED** \_\_\_\_\_ **CONFIDENTIAL**

**CONTACT FOR PAYMENT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

CORPORATION \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

PHONE \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL \_\_\_\_\_

**ABOUT BUSINESS**

PRIMARY BUSINESS \_\_\_\_\_

TARGET MARKET & CUSTOMERS \_\_\_\_\_

PRIMARY PRODUCT & SERVICES \_\_\_\_\_

**GROSS ANNUAL SALES**

**CATEGORY**

\$100K - \$250K

OEM

\$250K - \$500K

DISTRIBUTOR

\$500K - \$1M

DEALER

\$1M +

INSTALLER / BOAT YARD



TRADE & CREDIT APPLICATION

TRADE REFERENCES (4)

**NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

### CREDIT TERMS

We are interested in being considered for credit terms.

YES

NO

How much credit do you project will be needed?

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### BANK REFERENCE

#### BANK NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

#### CONTACT NAME

PHONE

FAX

EMAIL

ACCOUNT #

### AUTHORIZATION TO RELEASE BANK INFORMATION

*I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.*

*I UNDERTAND THAT PANELTRONICS WILL TREAT THIS INFORMATION AS CONFIDENTIAL.*

SIGNATURE

PRINT NAME

*PLEASE INCLUDE A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE*

*APPLICATION MUST BE COMPLETE IN ORDER TO BE PROCESSED.*

*EMAIL COMPLETED APPLICATION TO SALES@PANELTRONICS.COM OR TO YOUR SALES REPRESENTATIVE*

**PANELTRONICS, INC**  
**11960 NW 87TH COURT**  
**HIALEAH GARDENS, FL 33018**

**PHONE:** 305-823-9777  
**FAX:** 305-823-7802  
**EMAIL:** SALES@PANELTRONICS.COM  
**WEB:** WWW.PANELTRONICS.COM