



Power Product Technologies, Inc.
 6200 N. Washington St.
 Building 1, Unit 1
 Denver, CO 80216
 (303) 286-7784 Fax (303) 286-7311

CREDIT APPLICATION COMMERCIAL

APPLICATION INFORMATION

DATE _____

DUN'S NO. _____

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

ARE PURCHASES TAXABLE OR EXEMPT? TAXABLE EXEMPT IF EXEMPT, PROVIDE FEDERAL, STATE & LOCAL TAX LICENSE NUMBERS BELOW _____

ARE PURCHASES FOR RESALE? YES NO _____

ACCOUNTS PAYABLE ADDRESS (if different) _____

ACCOUNTS PAYABLE CONTACT _____ PHONE NO. _____

NUMBER OF EMPLOYEES HERE _____ TOTAL _____

NO. YEARS IN BUSINESS UNDER THIS NAME _____ NO. YEARS AT THIS LOCATION _____

PAYMENT PERSONALLY GUARANTEED? YES NO BY _____ TITLE _____

- TYPE OF BUSINESS**
- SOLE PROPRIETORSHIP
 - PARTNERSHIP
 - CORPORATION IN STATE OF _____
 - SUBSIDIARY
 - DIVISION
 - FEIN # _____ (Corporations)
 - SOC.SEC. # _____ (partnerships/Proprietorships)

OWNERSHIP	NAME OF OWNER _____	PHONE NUMBER _____
	HOME ADDRESS _____	CITY _____ STATE _____ ZIP _____
	NAME OF OWNER _____	PHONE NUMBER _____
	HOME ADDRESS _____	CITY _____ STATE _____ ZIP _____
	NAME OF OWNER _____	PHONE NUMBER _____
	HOME ADDRESS _____	CITY _____ STATE _____ ZIP _____

TRADE REFERENCE	COMPANY NAME _____	PHONE NUMBER _____
	ADDRESS _____	CITY _____ STATE _____ ZIP _____
	COMPANY NAME _____	PHONE NUMBER _____
	ADDRESS _____	CITY _____ STATE _____ ZIP _____
	COMPANY NAME _____	PHONE NUMBER _____
	ADDRESS _____	CITY _____ STATE _____ ZIP _____

BANK REFERENCE	BANK NAME _____	PHONE NUMBER _____
	ADDRESS _____	CITY _____ STATE _____ ZIP _____
	BANK NAME _____	PHONE NUMBER _____
	ADDRESS _____	CITY _____ STATE _____ ZIP _____

COMMENTS:

In consideration of the extension of an open account by Power Products Technologies, I agree to adhere to the terms of sale as printed on each invoice, and to pay reasonable attorney and collection fees should the account be placed for collection. A finance charge of 1.5% (18% per annum) will be charged from invoice date on all invoices exceeding 45 days old, based on the original invoice date.

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

AUTHORIZED SIGNATURE _____
 TITLE _____ DATE _____