

6360 Corporate Park Circle Suite #3 Fort Myers, FL 33966 USA info@sunisfree.com Phone (239) 243 8234 www.sunisfree.com Fax (888) 811 4710

Credit Application

Corporation Name		EIN#
Primary Contact/Title _		
City	State	Zip
		Email
Shipping Address		
(if different from mailing ac	ddress)	
City	State	Zip
Phone	Fax	Website
Principal Officers:		
Name	SSN_	President/Owner
Name	SSN_	Vice President/Co-Owner
Purchasing Contact		Accounting Contact
License #		License Holder
Type of Business		How Long in Business
Credit Line Requested _	Credit T	erms Requested
Financial Data:		
Net Sales, Last Three Y	ears 2007	20082009
Banking Information:		
Business Checking/Dep	ository: Bank	Branch
Phone	A	ccount number
Principal Suppliers/Tra	ade References:	
Name	Address	Phone Number
Acct #	COD or Terms	Fax Number
Name	Address	Phone Number
Acct #	COD or Terms	Fax Number
Name	Address	Phone Number
		Fax Number
Has this company been	in bankruptcy, receiversh	ip, or had an administrator or receiver appointed at a
time within the last 5 ye	ears? Yes No	_ Has the below listed signatory and/or guarantorfile
bankruptcy at any time	within the last 5 years? Y	es No
I,	authorize	e Greenergy Distribution to make credit inquiries for
purpose of establishing	an open account. I further	r acknowledge that any credit privileges may be with
at any time. I certify the	information given is true	and correct to the best of my knowledge. If credit is
		ed agrees to pay when due all obligations and perso
	_	orney fees is the account is placed in collection for r
payment.	-	•
(Signature of Owner/G	uarantor)	Date