



NEW CUSTOMER CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Name & Title of Person Completing Form:

Company Name:

Phone:

Fax:

E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Credit Limit Requested:

Terms Requested:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:

Point of Contact:

Phone:

City:

State:

ZIP Code:

Tax I.D. Number:

D&B Number:

Cage Code:

Telephone:

Fax:

Website:

Bank name:

Point of Contact:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number:

Savings

Checking

BUSINESS/TRADE REFERENCES

Company name:

Point of Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Point of Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Point of Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

Terms of Sale, including terms of payments and charges for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection and legal fees should such action be necessary due to nonpayment. The above information is true, correct and complete and is willingly supplied. Panakeia, LLC ("Panakeia") is hereby authorized to contact the above bank & references (and credit reporting agencies) in order to establish the creditworthiness of the above-named company. If applicant is not a corporation, then Panakeia is authorized to obtain credit reports about proprietors, partners or principals. Should credit availability be granted by Panakeia, all decisions will respect to the extension or continuation of same shall be in the sole discretion of Panakeia. Credit availability may be terminated at any time at the sole discretion of Panakeia.

Signatures: I hereby authorize the release of account information by the bank named above for the purpose of credit terms evaluation. Electronic Signatures are not accepted.

Signature

Date

Print Name: _____

Title: _____

Please include a W9 and any appropriate Reseller or Sales Tax Exemption Certificates