

ACCOUNT APPLICATION FORM

Date: _____

Name of Company: _____

Owner's Name: _____

Mailing Address: _____
(Street/PO) (City) (State) (Zip)

Physical Address: _____
(Street/PO) (City) (State) (Zip)

Telephone: _____ Fax: _____

Type of Business (Please check one): _____ (Proprietorship) _____ (Corporation)

State of Incorporation: _____ Years in Business: _____ Federal Tax ID: _____

Bank : _____ Account #: _____

Address: _____
(Street/PO) (City) (State) (Zip)

Bank Contact and Phone Number: _____

Name of Credit Agency you are listed with: _____

Requested Line of Credit: _____

The undersigned authorizes inquiry in order to verify credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. Applicant promises to pay the total balance outstanding in his account per the terms set by PALU LTD. Applicant promises to pay the amount of purchases, storing fee, collection agency charges and other charges if terms are not followed. Applicant agrees to try in good faith to resolve all disputes over purchases directly with PALU LTD.

PRINTED NAME OF AUTHORIZED OFFICER / PRINCIPAL: _____

SIGNATURE OF AUTHORIZED OFFICER / PRINCIPAL: _____



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Trade References (*All three must be completed*)

1. Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

3. Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____

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*Kindly fill out the requested information and fax back to us
with a copy of your current business license*

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