

Panel Claw, Inc.  
Credit Application Form

Please complete, sign and return to [accounting@panelclaw.com](mailto:accounting@panelclaw.com) or fax to 978-688-5100

Company Name

Address City St Zip

Telephone Fax Email

**General Information**

Federal Tax ID Company Composition Corporation State of  
Dun & Bradstreet No. At Present Location Since Amount Credit Desired  
Principal/Owner Title Email

**Ordering Information**

Is Merchandise For Resale? Resale #  
Purchasing Agent Phone Email  
Accounts Payable Contact Phone Email

**Bank Information**

Bank Name Bank Address  
Bank Phone Bank Fax City St Zip  
Type of Account Account Number

**Business/ Trade References**

Company Name Address  
City St Zip Account Number  
Phone Fax: Email  
Company Name Address  
City St Zip Account Number  
Phone: Fax: Email  
Company Name: Address  
City St Zip Account Number  
Phone Fax Email

**Credit Terms and Conditions**

All accounts are COD until a credit application has been completed, reviewed and approved. Approved Credit Terms: Deposit with balance due Net 30 (payment due 30 days from date of invoice). Your account may be placed on credit hold if your balance becomes past due or over your credit limit. We reserve the right to revoke or change your credit terms. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney fee.

**Acceptance and Approval**

Signing this agreement indicates your acceptance of the terms and conditions as stated above. In addition, you authorize Panel Claw, Inc. to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative Title  
Signature Phone Date