



CREDIT REQUEST FORM

Company Information

Representative Name		Date	
Name of Business		Federal ID No.	
Address		Phone	
City, State, Zip			
Business Entity Type	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		
Public or Private	<input type="checkbox"/> Public <input type="checkbox"/> Private		
Business Start Date		Time at Current Address	

Banking Information

Bank Name		Bank Phone	
Bank Address		City, State, Zip	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Date Opened	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Date Opened	
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Date Opened	

Business Trade References

Name of Business 1		Contact Name	
Address		Phone	
City, State, Zip		Email	
Name of Business 2		Contact Name	
Address		Phone	
City, State, Zip		Email	
Name of Business 3		Contact Name	
Address		Phone	
City, State, Zip		Email	

Signature

Title

Date

Applicant represents and warrants to ULTRAFLEX POWER TECHNOLOGIES, INC. that this application contains true statements and does not omit any material fact. It is understood that ULTRAFLEX POWER TECHNOLOGIES, INC shall rely in all respects on the truth and completeness of the application for the granting of credit. It is understood that any misrepresentation or omission may result in the revocation of any credit privileges which might be accorded as well as the right to immediate return of all goods shipped and payment without further demand of any and all amounts owing to ULTRAFLEX POWER TECHNOLOGIES, INC. by virtue of or as a result of any credit pursuant to this application or otherwise.