Panasonic

Panasonic Corporation of North America (PNA)

'inancial Service Organization
201 Tollview Drive
:olling Meadows, IL 60008

Credit Application

Submitted by:

Legal Name:		Telephone:	
Trade Name:		Fax:	
Address:		Website:	
Address:		State:	
City:		Zip:	
Year Established:		# of Years at Location	
		☐ Rent ☐ Own	

Upon completion, be sure that the following are included with the application:

1. *Copy of applicant's Sales Tax Resale Exemption Certificate*
2. *Latest two fiscal years financial statements* *(This information will be kept entirely confidential and is for Panasonic use only)*

Type of Company:

☐ Partnership ☐ L.L.C. ☐ Proprietorship ☐ S-Corp. ☐ C-Corp. ☐ Non-Profit / Gov. Entity

Date & State of Incorporation:		# of Employees:	
Federal Tax ID/ Social Security #:		D&B Number	
Parent Company (if applicable):		Ownership:	☐ Public ☐ Private

Line of Business: ☐ Retailer ☐ Wholesaler/Distributor ☐ Service ☐ Manufacturer ☐ Marketing Rep. ☐ Other

Products/Parts to be Purchased: _____

Estimated Annual Products/Parts Purchases: _____

Payment Profile:

Website for Payment Remittance: _____

Method of Payment (choose one): ☐ Electronic Funds Transfer ☐ Wire Transfer ☐ Check

Type of Invoicing: ☐ Paper ☐ EDI ☐ Other EDI Contact Name: _____

EDI Contact Phone: _____

When are payments generated? _____

Name and Address of Principals:

Name: _____ Title: _____

Address: _____ Ownership %: _____ %

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Name: _____ Title: _____

Address: _____ Ownership %: _____ %

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Name: _____ Title: _____

Address: _____ Ownership %: _____ %

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Contacts:

Accounts Payable Name: _____

Phone: _____ Fax: _____ E-Mail: _____

Purchasing Contact Name: _____

Phone: _____ Fax: _____ E-Mail: _____

Financial Contact Name: _____

Phone: _____ Fax: _____ E-Mail: _____

Bank References:

Name: _____ Phone Number: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Acct. #: _____ Savings Acct. #: _____ Loan Acct.#: _____

Bank Officer Name: _____

Name: _____ Phone Number: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Checking Acct. #: _____ Savings Acct. #: _____ Loan Acct.#: _____

Bank Officer Name: _____

Trade References:

Name	Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone Number	Phone Number	Phone Number
Fax	Fax	Fax
Account #	Account #	Account #
Contact	Contact	Contact

CONDITIONS FOR THE EXTENSION OF CREDIT

By signing below, purchaser agrees to the following conditions for the extension of credit:

Purchaser shall pay each invoice for products according to the terms stated on the invoice. Purchaser shall not deduct from any invoice and amounts except such amounts as are set forth in any written credit memorandum issued by PNA to and received by purchaser prior to the due date of the outstanding invoice.

If purchaser shall fail to pay any invoice for products in accordance with the terms stated, or in the event that PNA, in its sole and absolute discretion, deems purchaser's financial condition inadequate or unsatisfactory to PNA for any reason whatsoever, PNA shall have the right to cancel any purchaser order(s) for products theretofore accepted, or delay any further shipments of products to purchaser, without incurring any liability for loss or damage of any kind occasioned by reason of any such cancellation or delay. PNA reserves the right at any time to decrease, eliminate or otherwise limit the amount or duration of credit extended to the purchaser in general and/or with respect to any specific purchase order.

The information in this application and all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant hereby authorizes the release of any pertinent credit information requested by Panasonic Corporation of North America relevant to _____.
(Print name of Company applying for credit)

Signature: _____ Name of Individual Completing Application: _____
Title: _____ Date: _____

Upon completion of application, please return to the appropriate Panasonic sales representative

Sales Representative Name : _____

Sales Approval Signature : _____ Date : _____