

CREDIT APPLICATION

ARCHITECTURAL ENERGY

C O R P O R A T I O N

2540 Frontier Avenue, Suite 201

Boulder, CO 80301

Ph: 800-450-4454 or 303-444-4149 Fax: 303-444-4304

GENERAL INFORMATION

Applicant/Business Name: _____
Address: _____
City, State, Zip: _____
Billing Address: _____
Phone: _____
Fax: _____
Nature of Organization: Sole Proprietor
 Corporation (O S or O C)
 Partnership

BANK REFERENCES (one reference required)

Bank & Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Bank & Contact Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

TRADE REFERENCES

Company & Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Company & Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

CREDIT APPLICATION

TRADE REFERENCES (continued)

Company & Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

ACCOUNT AGREEMENT:

The above information is for the purpose of obtaining credit and is warranted to be true. The company hereby authorizes you to investigate our bank and trade references pertaining to our credit and financial responsibility.

If this application is approved, all applicants jointly and severally agree to pay all bills when tendered, Net 30. A service charge will be applied on the 31st day beyond the completion date of the invoice. Failure to pay when due will result in a service charge of 1.5% interest per month or the maximum rate permitted by law, whichever is less.

If accepted, any credit granted may be terminated without notice to any applicant. A notice of termination may or may not be sent to the address indicated herein. The amount of credit may be limited upon approval.

This credit application has been signed by a duly authorized representative of the company and attests financial responsibility, ability, and willingness by the company to pay your invoices in accordance with your standard terms and conditions of sale.

Company Name: _____
Signed: _____
Printed Name: _____
Title: _____
Date: _____