



Solatube International, Inc.
 Credit Department
 2210 Oak Ridge Way
 Vista, CA 92081-8341
 Phone
 Fax (760) 599-5181
 Attn:

Sales Credit Application

Company: _____ D.B.A.: _____

Address: _____ Phone: _____

_____ Fax: _____

Business Type: _____ Years in Business: _____
 (Partnership, Corp., Etc.)

Resale Number: _____ Credit Amount Applied For: _____
 (CA,FL, TX, WA Business' Must Provide Copy of Resale Certificate)

Partners or Officers

Name	Title	Telephone

Bank References

Bank	Account Number(s)	Contact
Name:		Name:
Address:		Phone:
Name:		Name:
Address:		Phone:

Trade or Business References

Name:	Phone:	Contact:
Address:	Fax:	
Name:	Phone:	Contact:
Address:	Fax:	
Name:	Phone:	Contact:
Address:	Fax:	

Proprietor Authorization

By signing this Application, I authorize Solatube, or its agent, to investigate my personal credit and financial records, including my banking records. As part of such an investigation, I authorize Solatube to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal, and extenuation of this, and other accounts with Solatube, and the marketing of other products and services to me and my business by Solatube. I further authorize Solatube to share the information received from my consumer credit report with Solatube's parent, subsidiaries, and affiliates (and others if applicable). If I request, you will tell me whether my consumer credit report was requested and, if so the name and address of the credit reporting agency that furnished the report.

Owner

First Name: _____ MI: _____ Last Name: _____ SS #: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____

Co-Owner/Partner

First Name: _____ MI: _____ Last Name: _____ SS #: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____

Proprietor Guaranty

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business, and agree that I am personally obligated to perform all of the terms of, and make all payments to Solatube required by, the agreement of which this Application is a part.

Owner

First Name: _____ MI: _____ Last Name: _____ SS #: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____

Co-Owner/Partner

First Name: _____ MI: _____ Last Name: _____ SS #: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Authorized Signature: _____ Date: _____

<i>For Official Use Only</i>	
Date Checked:	By:
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	By:
Account Number:	