PanelTX Customer Set Up Form

Division: _____ **Salesperson:** _____

Company Name: _____ **Business Type:** ☐ Proprietor ☐ Partnership ☐ Corporation ☐ Other

Tax ID: _____

Tax Exempt#:* _____

*Exempt certificate required

Billing Address: _____
Street City State ZIP

Physical Address: _____
Street City State ZIP

AP Contact: _____ **Business Phone:** _____ **Email:** _____

Site Contact: _____ **Site Phone:** _____ **Email:** _____

PO Required for Service or Installations ☐ Yes* ☐ No

***If yes, please specify PO format or authorized names:** _____
(Please include job titles if names are provided) _____

Credit Information (Required)

◯ TERMS REQUESTED* **OR** ◯ PREPAID

*If TERMS checked, complete section below and Net terms will be assigned based on credit check.

Project Type: ◯ Non-Contract Work ◯ Contract Work

D&B#: _____

Trade Reference 1 Name: _____ Acct#: _____ Phone#: _____

Trade Reference 2 Name: _____ Acct#: _____ Phone#: _____

Trade Reference 3 Name: _____ Acct#: _____ Phone#: _____

Terms & Conditions

1) All electrical work is client/contractor responsibility.
2) Warranties: 1 yr all parts; 5 yrs compressor; 90 days labor.
3) Final payment due in 15 days; $100/day late fee; warranties start after payment.
4) Client must maintain equipment; misuse/neglect voids coverage.

Full terms (copy/paste this link): https://www.paneltx.com/TermsConditions_PanelTx.pdf

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

Our Federal ID number is 92-0325514- For a W-9 or wiring instructions, please call 866-677-2635

Return form to: kandy@paneltx.com or Click Submit below

SUBMIT