

Application for Credit

& equipment company =					
Company Name		Date	e	1 -	rpe of Organization:
Mailing Address					Corporation Partnership
City	County	State ——	— Zip Code _	□	Individual (SSN Required)
Telephone No. ()	Fax No. ()			pe of Business:
Cell Phone No. ()	E-mail		1. 1	leck all that apply) Contractor
Shipping Address _ (Please use your full addre	ess, 3E cannot ship to PO Boxes)				☐ Mechanical ☐ Electrical ☐ Control
City	State	Zip Code			☐ General ☐ Lighting
Telephone No. ()	Fax No. ()			other Industrial Commercial
Accounts Payable Cor	ntact				Education Government
Name					Utilities
Telephone No. ()				Hospital Other
		 · Banking Refe	erences		
Name of Bank					
Bank officer you dea	ıl with	Tele	ephone No. ()	
Monthly Credit Req	uirements \$				
			I Security Nur		
Name	Title	Address		\$	SS No.
Year Business Starte	ed	Years at Present Location			
		Trade Refer	ences		
Name	Address	City	State	Zip Code	Telephone
for late payment which collection fees and cost you in your credit inves adversely on my/our ap	may accrue because of our delinq ts. I/We realize that you expect to i tigation, and release any claim I/w plication of credit, I/we have the rig	uency of payment within terms nvestigate my/our credit report have for breach of contract of the path within 30 days after such	s as stated on our involut. I/We further give a per invasion of privacy action, to request in	voice/statement, includi any and all necessary in because of information writing to give the reason	Ve further agree to pay any penalty ng seller's reasonable attorneys and formation to you which will assist in furnished to you. If you should act ons for such action. Any records on ing that you retain the records for 25
Signature		Title		Date	<u>.</u>