



CREDIT APPLICATION AND AGREEMENT FOR CREDIT SALES

MAIL THIS APPLICATION TO:

To **CAPITAL ELECTRIC SUPPLY CO.:** For the purpose of procuring and establishing credit, from time to time, the undersigned Applicant furnishes the following information, including the attached Financial Statement. Applicant represents and warrants said information is true and correct and a true and complete statement of its financial condition.

1. APPLICANT: BUSINESS OR CORPORATE NAME					APPLICATION DATE	
2. BUSINESS STREET ADDRESS				BILLING ADDRESS: STREET OR P.O. BOX		
3. CITY		STATE	ZIP	CITY		STATE
4. BUSINESS TELEPHONE NO.		FAX NO.		YEAR BUSINESS WAS ESTABLISHED		NUMBER OF EMPLOYEES
5. WE ARE ENGAGED IN THE BUSINESS OF:			MONTHLY STATEMENT OF ACCOUNT REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC
6. CONTRACTOR'S LICENSE NO.		STATE ISSUED	A/P CONTACT NAME FAX NUMBER		BUSINESS BUILDING IS <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	

OWNERS (IF APPLICANT IS A SOLE PROPRIETOR OR PARTNERSHIP)			OFFICERS (IF A CORPORATION)	
7. NAME	TITLE	HOME ADDRESS	HOME PHONE NO.	
8. NAME	TITLE	HOME ADDRESS	HOME PHONE NO.	
9. NAME	TITLE	HOME ADDRESS	HOME PHONE NO.	

BANK OR SAVINGS AND LOAN ASSOCIATION:			
10. NAME	BRANCH ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT
11. NAME	BRANCH ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT

APPLICANT'S PRINCIPAL CREDIT REFERENCES (LIST AT LEAST THREE)			
12. NAME	ADDRESS, CITY, STATE & ZIP	PHONE NUMBER	AMOUNT OWING
13. NAME	ADDRESS, CITY, STATE & ZIP	PHONE NUMBER	AMOUNT OWING
14. NAME	ADDRESS, CITY, STATE & ZIP	PHONE NUMBER	AMOUNT OWING
15. NAME	ADDRESS, CITY, STATE & ZIP	PHONE NUMBER	AMOUNT OWING

16. Has Applicant or any of its Owners, Principals, Partners, Officers, or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? WRITE ANSWERS YES OR NO	
17. Are taxes owed by Applicant to any taxing authority past due?	Has a tax lien or civil suit been filed against Applicant or any of its Owners, Principals, Partners, Officers, or Directors within the past six years?
18. Is Applicant or any of its Owners, Principals, Partners, Officers, or Directors, a guarantor or endorser of debts or notes owed by others?	
19. Does Applicant now have a merchandise order pending with CAPITAL ELECTRIC SUPPLY CO.?	If yes, what is the approximate amount of the order? \$

APPLICANT: 1) Please complete and sign the reverse side of this form, 2) Please attach a current financial statement, 3) If a contractor, please include a copy of your registration surety bond.

SPACES BELOW ARE FOR CAPITAL ELECTRIC SUPPLY CO. USE ONLY						
P.C. NO.	P.C. MGR APPROVAL	1035	SALES TAX	D & B RATING	CREDIT APPROVAL	APPROVAL DATE

