

Credit Application

Business Name*		Established		
Address*				
City, State, Zip*	Pho	one*		
E-mail	Cell*			
Business Status*: Individual Pr	oprietorship: Partne	ership; Corpora	ation;	
Name of Owner(s) and Preside	nt*			
Home Address*	City	State Z	۲ip	
Social Security#*	Federal.I.C	v#*		
Are you a licensed electrician?*	[*] Where	License #*		
Accounts Payable Contact	Cel	I		
E-mail				

* is required



Bank References*

Bank Name		Bank Contact		
Address				
City		State	Zip	
Phone	Fax			
Account #'s				

Credit References:

Company Name		Phone		
Address	City	State	_ZIP	
Contact	Fax			
Company Name		Phone		
Address	City	State		
Contact		Fax		
Company Name		Phone		
Address	City	State	_ZIP	
Contact		Fax		

* is required



Our Agreed Credit Terms Are:

- Payment is due in accordance with terms of sale as shown on invoice
- A service charge of 1.5% per month will be imposed on all past due invoices
- Purchaser will be held responsible for payment of all attorneys fees and court costs and disbursements on all due accounts placed with an attorney for collection

Guarantee of Payment*

In consideration of and as an inducement to AC Electrical Supplies Inc. hereinafter referred to as "Seller", opening a credit account for Purchaser, Purchaser and the individual who signed this agreement, regardless of the capacity in which this credit application is signed, hereby guaranty, jointly and severally, the prompt, punctual, and full payment of all obligations in accordance with the credit terms stated for as long as credit is extended.

This guarantee is unconditional and shall be in effect for all purchases made until the end of the business day on which Seller receives written notice of cancellation. This agreement shall be constructed, governed and interpreted under the laws of the state of New York. This agreement allows seller to run credit reports when needed.

Signature:*	Signature
Print Name	Print Name
Driver's License #*	Driver's License #
Date*	

This application will not be processed unless signed in full by principal(s)

* is required



Release of Bank Information

I,	, do hereby authorize
	, to release information
	, to release information

NAME OF BANK

relating to my account to AC Electrical Supplies Inc.

Signature	_ Date
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Print Name_____

ELECTRICAL SUPPLIES Credit Card Information		
l,	give permission to	
AC Electrical Supplies to charge the following credit card at		
any time that my account falls b	pehind 60 days.	
Credit Card #	Exp	
Security Code#		
Name of card Holder		
Address		
Signed	Date	



CONTACT INFORMATION*

Owner Name:
E-mail Address:
Cell Phone Number:
Name:
Title:
E-mail Address:
Cell Phone Number:
Name:
Title:
E-mail Address:
Cell Phone Number
Name:
Title:
E-mail Address:
Cell Phone Number:

* is required