

Credit Application



Contact information

Company name			Federal ID number		
Corporation	Proprietorship	Partnership	Other		
Bill to address:			Ship to address (if different):		
Street address			Street address		
City	State	ZIP code	City	State	ZIP code
Primary contact name			Email address		
() -	() -		\$.00	
Phone number	Cell number	Years in business	Credit amount requested		

Business information

Type of business:	Residential electrical contractor	General contractor/builder	Commercial
	Commercial electrical contractor	Government	Institutional
Other: _____			

Partner/officer 1	-	-	Partner/officer's SSN
Partner/officer 2	-	-	Partner/officer's SSN

Business vendor credit references:			() -
Business name	Email address	Phone number	
Street address	City	State	ZIP code
Business name	Email address	() -	Phone number
Street address	City	State	ZIP code
Business name	Email address	() -	Phone number
Street address	City	State	ZIP code
Business name	Email address	() -	Phone number
Street address	City	State	ZIP code

continued ►

Credit Application



Business information, continued

Taxable? Yes No

By law, sales tax **MUST** be charged unless a properly completed exemption certificate is on file.

Authorized purchasers

Accounts Payable contact

() -

AP phone number

Invoice preference: Email

Mail _____
Invoicing email address

Terms

OUR TERMS: I (We) understand that our account terms are net 25th of the month following invoicing. We agree to pay our account promptly or to pay interest on past due amounts at 1.5% per month (18% annual rate).

I (We) understand that invoiced amounts are not limited to the requested or approved credit limit, which may be increased or decreased from time to time without notice.

I (We) hereby authorize all credit reporting agencies, banking institutions and suppliers to give to The Loeb Electric Company all credit information which may be requested concerning this firm.

I PERSONALLY GUARANTEE PAYMENT OF ALL LOEB ELECTRIC INVOICES BILLED TO THE ABOVE NAMED FIRM AND CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND CORRECT:

Applicant's name

Applicant's signature

Date signed

Applicant's title (owner, office controller, etc)

_____/_____/_____
MM DD YYYY

COMPLETE INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION. Upon completion, please email your application to AR@loebelectric.com, fax it to AR at 614.246.4921, or mail to:

Loeb Electric
ATTN: Accounts Receivable
1800 E 5th Ave
Columbus, OH 43219

OFFICE USE ONLY

Approved by

Date approved: ____/____/_____
MM DD YYYY

Account number

\$ _____ .00
Approved credit amount

Outside salesperson

Entered by