

Credit Application



Contact information

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

Business information

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

<u>Partner/officer 1</u>	-	-
<u>Partner/officer 2</u>	-	-
	<u>Partner/officer's SSN</u>	<u>Partner/officer's SSN</u>

Business vendor credit references:

<u>Business name</u>	<u>Email address</u>	() -
<u>Street address</u>	<u>City</u>	<u>State</u> <u>ZIP code</u>
<u>Business name</u>	<u>Email address</u>	() -
<u>Street address</u>	<u>City</u>	<u>State</u> <u>ZIP code</u>
<u>Business name</u>	<u>Email address</u>	() -
<u>Street address</u>	<u>City</u>	<u>State</u> <u>ZIP code</u>
<u>Business name</u>	<u>Email address</u>	() -
<u>Street address</u>	<u>City</u>	<u>State</u> <u>ZIP code</u>

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 614.246.4129, or mail to:

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

OFFICE USE ONLY

Account number \$ _____ .00 _____
Approved credit amount *Outside salesperson*

Account parent company _____
Entered by

Approved by Date approved: ____ / ____ / ____
MM DD YYYY