

# Credit Application



## Contact information

Company name \_\_\_\_\_ Federal ID number \_\_\_\_\_  
Corporation Proprietorship Partnership Other Freight exempt: Yes No

**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 \_\_\_\_\_

# 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](mailto:AR@loebelectric.com), fax it to AR at 614.291.4129, 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*

\_\_\_\_\_  
*Select code*

\_\_\_\_\_  
*Entered by*

\_\_\_\_\_  
*Approved by*

Date approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*MM / DD / YYYY*