

Credit Application



Contact information

Company name _____

Federal ID number _____ Loeb Electric sales representative (if none, enter "N/A") _____

- How did you learn about us?
 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 _____

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 finance@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

Freight exempt:

Yes No

Approved by

Date approved: ____ / ____ / ____
MM DD YYYY