



ELECTRIC SUPPLY COMPANY, INC.

406 W. EXCHANGE ST*AKRON, OH 44302*330-253-5157*FAX 330-253-2003*WATS 800-248-2739

Application for Credit

This form is to be filled out by all new customers, signed by the officer responsible for that company, and returned to Apex Electric Supply Company. Please be sure that you fully understand all the information on this application, and that you are willing to comply with all the terms contained herein. If you should have any questions with respect to this Application, please contact Apex Electric before completing this form. You may email the completed application to Kelly@apexEsupply.com

Name of account: _____

Principal(s)/Owner(s) of Company: _____

Are you a Branch: or Headquarters: Who pays the bills? Branch Headquarters

Phone: _____ Fax: _____ E-mail _____

Billing Address: _____

Ship to Address (If Different): _____

Tax Exempt: Yes No If yes, please list Exempt # _____

If "Yes", a tax exemption certificate must accompany this sheet.

Federal I.D. number: _____

Are you, Sole Proprietor Incorporated or Limited Liability Co

Do you have a valid electrical contractor's license? Yes No

Purchaser's activity _____

What year was your business established? _____

Requested Credit Amount: _____

Does your company require a purchase order number? Yes No

Preference mode for delivery of invoices:

E-mail _____ Fax: _____ Or Mail**:

**If you choose mail, please note that all invoices will be sent monthly with the statement.

*****Terms and Conditions*****

1.) **"Due Date"** The due date will be clearly marked on each invoice. **Unpaid balances not received by the due date stated on the invoice/invoices will incur Finance Charges** (See #3 below).

A Statement listing all open invoices will be sent at the end of each month.

2.) **"Discount-10th/Net-25th"**. A discount is applicable if your payment is received by the 10th otherwise, the discount will not be applied. Discount amounts are indicated on each invoice.

3.) **"Finance Charge"** A finance charge of 1½ % per month (18% per annum) will be assessed on any open balance after the due date.

4.) No cut pieces of wire will be accepted as a return for credit.

5.) Special order material is non-returnable.

Please note If there is a question about your bill, or you need additional information, our billing department should be notified immediately so that we can address your concerns promptly.

SATISFACTION IS OUR ULTIMATE AIM

Business References

1.) Name: _____
Address: _____

Tel: _____ Fax _____
Email: _____

2.) Name: _____
Address: _____

Tel: _____ Fax _____
Email: _____

3.) Name: _____
Address: _____

Tel: _____ Fax _____
Email: _____

4.) Name: _____
Address: _____

Tel: _____ Fax _____
Email: _____

I authorize the following people to charge on the account at Apex Electric Supply Co.

Authorized names: _____

Accounts Payable Individual:

Name (Please Print) _____ Phone # _____ EXT # _____
Email: _____

Address if different from business address _____

I agree to be liable for any unpaid amounts on this Account according to all terms and conditions contained herein. I authorize Apex to investigate my personal credit and financial records, including my banking records. I understand that Apex or its agent may request my personal credit bureau report in consideration of this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account.

In consideration of Apex extending credit to applicant under the terms of the Agreement, I agree to personally guarantee payment of the debt, including any reasonable attorney's fees, arbitration, and court of other collection costs as permitted by law and as incurred. In the event of any default, I agree that Apex can enforce this guarantee without first proceeding against the applicant, until governing Agreement has been terminated and all amounts due have been paid. I waive all notice regarding the governing Agreement and this guarantee. I agree to guarantee payment even if the terms of the governing agreement are changed. I understand that any negative information including failure to make required payments on the account may be reported to the appropriate reporting agency.

By signing this you agree to all the terms contained herein

**Company Authorized Representative
Signature**

(Please Print)

Date

Present Home Address: _____
Home Tel. No.: _____ Date of Birth: _____
Social Security No.: _____

For Company Use:

APPROVED BY APEX ELECTRIC SUPPLY COMPANY, INC. _____

Authorized Representative Dated: _____

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