



*The Undersigned applies for credit with Electric Distributors, Inc. and hereby agrees to abide by the terms and conditions of sale as stated below a to outstanding account balances.*

APPLICANTS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_

ARE YOUR SALES TAX EXEMPT YES \_\_\_\_\_ **(WRITTEN PROOF IS NEEDED)** NO \_\_\_\_\_

LIST ALL OWNERS, PARTNERS OR STOCK HOLDERS

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

RESIDENCE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

RESIDENCE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_



BANK REFERENCE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

TRADE REFERENCES

1} NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

2} NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

3} NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_