

STATE WIRE & TERMINAL, INC.

16140 DIXIE HWY. • DAVISBURG, MI 48350-1004 • (248) 634-2020 • (800) 922-6527 • FAX (248) 634-2022

APPLICATION FOR CREDIT

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BUSINESS NAME _____	DBA _____
BILLING ADDRESS _____	SHIP TO _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____
TELEPHONE _____	FAX _____
E-MAIL ADDRESS _____	
DELIVERY LOCATION: COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>	
BUSINESS TYPES: SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/>	
WOULD YOU LIKE YOUR INVOICES AND STATEMENTS: FAXED OR MAILED? (CIRCLE ONE)	
BUSINESS STARTED IN _____ YEARS AT THIS LOCATION _____	
CHIEF EXEC OFFICER _____ ACCOUNTS PAYABLE MGR _____	
BANK NAME _____ TELEPHONE _____	
MAILING ADDRESS _____ FAX _____	
ACCOUNT No. _____	
BUSINESS _____ TELEPHONE _____	
MAILING ADDRESS _____ FAX _____	
ACCOUNT No. _____	
BUSINESS _____ TELEPHONE _____	
MAILING ADDRESS _____ FAX _____	
ACCOUNT No. _____	
BUSINESS _____ TELEPHONE _____	
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ACCOUNT No. _____	

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ANTICIPATED MONTHLY CREDIT NEEDS: \$ _____

Credit terms are N/30 from invoice date. 1-1/2% per month will be added to all past due invoices (18% per annum).. Statements are mailed the first of each month for reconciliation purposes.

CUSTOMER AUTHORIZATION AND CERTIFICATION:

We certify that the information on this form is correct and agree to make payment within the terms listed above. We understand that the extension of credit is based on our Credit History and authorize the bank and trade references listed on this form to release information to State Wire & Terminal, Inc.

Date Received _____
D & B Rating _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Limit _____
Customer # _____

Authorization Signature

Name (Printed) Title

Date