

**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 _____	
<b>DELIVERY LOCATION:</b> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> <b>BUSINESS TYPES:</b> 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 _____
<b>BANK NAME</b> _____ <b>TELEPHONE</b> _____	
MAILING ADDRESS _____	FAX _____
	ACCOUNT No. _____
<b>BUSINESS</b> _____	TELEPHONE _____
MAILING ADDRESS _____	FAX _____
	ACCOUNT No. _____
<b>BUSINESS</b> _____	TELEPHONE _____
MAILING ADDRESS _____	FAX _____
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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