

Atlantic Electrical Distributor Services, Inc.
CUSTOMER CREDIT APPLICATION FORM & AGREEMENT

Business Information

Company Name: _____

Billing Address: _____ City _____ State _____ Zip Code _____

Business Address: _____ City _____ State _____ Zip Code _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Federal Tax ID: _____ - _____

Taxable? Yes No If no, attach exemption certificate (tax will be charged without a valid certificate on file)

Type of Entity: Corporation _____ Partnership _____ Sole Proprietorship _____ Other _____ (Please Check One)

Owner/Officers

Name _____ **Title** _____ **SS#** _____ - _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ - _____ - _____ Driver's License # _____ / _____ (State)

Name _____ **Title** _____ **SS#** _____ - _____ - _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ - _____ - _____ Driver's License # _____ / _____ (State)

Bank Information

Bank Name: _____ Account #: _____ Phone: _____ - _____ - _____

Address _____ City _____ ST _____ Zip _____ Contact: _____

Credit References

1. Business Name: _____ Phone: _____ - _____ - _____

Contact Name: _____ Fax: _____ - _____ - _____

Email _____

2. Business Name: _____ Phone: _____ - _____ - _____

Contact Name: _____ Fax: _____ - _____ - _____

Email _____

3. Business Name: _____ Phone: _____ - _____ - _____

Contact Name: _____ Fax: _____ - _____ - _____

Email _____

BY SUBMITTING THIS APPLICATION, YOU AGREE THAT ALL PURCHASES WILL BE GOVERNED BY SELLER'S TERMS AND CONDITIONS OF SALE IN EFFECT AT THE TIME OF SALE. It is agreed that all purchases of products and/or services from Atlantic Electrical Distribution Services, Inc. are conditioned on and made pursuant to Seller's Terms and Conditions of Sale, which are subject to change from time to time, and are available upon request. The undersigned certifies the information to be correct, that it is submitted for the purpose of obtaining credit, and agrees to send to the Seller written notice by certified mail of any changes in ownership form of applicant's business within 7 days of such changes. Applicant certifies by signing this application, that the business gives authorization to contact the references listed above for credit information.

(COMPANY NAME)

(DATE)SIGNATURE (PRESIDENT/VICE PRESIDENT/ PARTNER/PROPRIETOR)