



12220 W. Pico Blvd. • West Los Angeles, CA 90064-1135
Telephone: (310) 442-2002 • Fax: (310) 442-2007

CREDIT APPLICATION BILLING INFORMATION

Business Name: _____ Telephone: _____
Street Address: _____ Fax: _____
City, State and Zip Code: _____ Pay Tax ☐ Yes ☐ No (Attach Certificate)
Total Electrical Purchases Per Year (Prox) _____ Requested Credit Line: _____

GENERAL INFORMATION

Nature of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation Years in Business: _____
If Incorporated: Date: _____ Authorized Capital: _____ Contractor's License Number: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS, PROPRIETOR

Name: _____ Title: _____ Social Security No.: _____
Home Address: _____ City/State: _____ Zip _____ Home Phone No.: _____
Name: _____ Title: _____ Social Security No.: _____
Home Address: _____ City/State: _____ Zip _____ Home Phone No.: _____

TRADE REFERENCES

Name of Supplier: _____ Address: _____ Telephone: _____
Name of Supplier: _____ Address: _____ Telephone: _____
Name of Supplier: _____ Address: _____ Telephone: _____

COMPANY BANK REFERENCES

Name of Bank/Address: _____ Acct. No.: _____ Telephone: _____
Name of Bank/Address: _____ Acct. No.: _____ Telephone: _____

TERMS OF SALE

All invoices are due net on 10th of month following billing. As condition of the sales agreement, a 1-1/2% or the maximum permitted by law will be added to all accounts within 30 days after due date.

Regarding a venue, applicant agrees that any action brought on this account will be in the county within the state of the applicant's place of business or Electric Supply Connection's place of business, or the job site, at the discretion of Electric Supply Connection.

The undersigned understands and agrees to meet Electric Supply Connection's terms of sale, to personally guarantee prompt and full payment of any and all of the obligations of the above named customer of Electric Supply Connection, to pay service charges assessed and to pay reasonable attorney fees in the event of default.

I/we hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility, credit worthiness, and depository relationships with banks.

By: _____ Date: _____ By: _____ Date: _____
By: _____ Date: _____ By: _____ Date: _____