

CALKINS ELECTRIC SUPPLY CO., INC.
 5707 Nieman Road – P.O. Box 3498
 Shawnee, Kansas 66203-0498
 Phone: 913-631-6363 Fax: 913-631-6365

CUSTOMER CREDIT APPLICATION & INFORMATION FORM

Please fill out all pages of this credit application. If your company has a standard credit application form that contains the information we are requesting, you may attach it to this form. **However, we still require signature(s) at the bottom of our application.**

Firm Name _____ Application Date _____
 Phone Number () _____ Fax Number () _____
Bill to address _____ Cell Phone () _____
 City, State & Zip _____ **A/P Phone ()** _____
Ship to address _____ **A/P Fax ()** _____
 City, State & Zip _____ Alternate Phone () _____
 Form of Business: Corporation ___ LLC ___ Partnership ___ Sole Proprietorship ___

Date business organized (incorporated) _____

If Corporation, name(s) of personal guarantors for this account:

Name _____ Name _____
 Address _____ Address _____
 City, State & Zip _____ City, State & Zip _____
 Phone Number () _____ Phone Number () _____

Bank Name _____ Checking account number _____
 Address _____ Contact Name _____
 City, State & Zip _____ Phone Number () _____

Do you use Purchase Orders? YES ___ NO ___
 Will Purchases be: Taxable ___ For Resale* ___ Exempt* ___
 *If resale or exempt a *signed* certificate must be submitted with this application

CORPORATE OFFICERS: President _____ Vice President _____
 Secretary _____ Treasurer _____

Name of person responsible for payment processing _____

PROPRIETORSHIP: Owner's Name _____
 Home Address _____ Home Phone Number () _____
 City, State & Zip _____ Social Security Number _____
 Drivers License Number _____ State of Issue _____

PARTNERSHIP:

Name _____ Name _____
Home Address _____ Home Address _____
City, State & Zip _____ City, State & Zip _____
Phone Number () _____ Phone Number () _____
Social Security Number _____ Social Security Number _____
Drivers License Number _____ Drivers License Number _____
State of Issue _____ State of Issue _____

CREDIT REFERENCE INFORMATION

Please provide a minimum of three (3) trade references that you are currently purchasing from and with which you have established a line of credit with.

Supplier's Name _____ Contact _____
Address _____ City, State & Zip _____
Phone Number () _____ Fax Number () _____
Account Number _____ (fax numbers and account numbers speed up the application process)

Supplier's Name _____ Contact _____
Address _____ City, State & Zip _____
Phone Number () _____ Fax Number () _____
Account Number _____ (fax numbers and account numbers speed up the application process)

Supplier's Name _____ Contact _____
Address _____ City, State & Zip _____
Phone Number () _____ Fax Number () _____
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Address _____ City, State & Zip _____
Phone Number () _____ Fax Number () _____
Account Number _____ (fax numbers and account numbers speed up the application process)

The information provided is for the exclusive use of Calkins Electric Supply Co., Inc. for the purpose of obtaining a monthly charge account by the applicant. **Accounts are due and payable according to the terms stated on the face of each invoice. Statements are mailed on the first day of the month. Our cut-off date for statements is the last day of the month.**

As an officer or principal of the applying company or Corporation, I am in complete understanding of the terms and conditions of sale. I authorize Calkins Electric Supply Co., Inc. to obtain credit information from the above or attached references and further understand that other sources of information may be utilized to establish a line of credit with Calkins Electric Supply Co., Inc.

I further understand that if my account becomes in arrears, it may be closed without prior notice and I, as a representative of the applying company or Corporation, understand that any fees associated with the collection of past due accounts will be the responsibility of the applying company (or personal guarantor). These fees include, but are not limited to, any service charges, any collection agency fees, any court fees, and/or any attorney fees.

Authorized Signature for the Corporation / Company _____

Printed Name of Authorized Signer _____

Title of Authorized Signer _____ Date Signed _____

For Corporate Guarantor(s):

Signature of Corporate Guarantor _____

Home Address _____ Home Phone Number () _____

City, State & Zip _____ Social Security Number _____

Drivers License Number _____ State of Issue _____

Signature of Corporate Guarantor _____

Home Address _____ Home Phone Number () _____

City, State & Zip _____ Social Security Number _____

Drivers License Number _____ State of Issue _____