

CALKINS ELECTRIC SUPPLY CO., INC.

5707 Nieman Road – P.O. Box 3498 Shawnee, Kansas 66203-0498

Phone: 913-631-6363 Fax: 913-631-6365

Email to: WendiL@CalkinsElectric.com

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 _____

City, State & Zip _____

Cell Phone _____ **A/P Phone** _____

Ship to address _____ **A/P Fax** _____

City, State & Zip _____

Form of Business: Corporation ___ LLC ___ Partnership ___ Sole Proprietorship ___

Date business organized (Incorporated) _____

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

Bank Name _____

Checking account number _____

Address _____

Contact Name _____

City, State & Zip _____

Phone Number _____

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

Name _____

Address _____

City, State & Zip _____

Phone Number _____

Name _____

Address _____

City, State & Zip _____

Phone Number _____

Name _____

Address _____

City, State & Zip _____

Phone Number _____

Name _____

Address _____

City, State & Zip _____

Phone Number _____

Name _____

Address _____

City, State & Zip _____

Phone Number _____

CORPORATE OFFICERS:

President _____

Vice President _____

Secretary _____

Treasurer _____

Name of person responsible for payment processing and their telephone number

PROPRIETORSHIP:

Owner's Name _____

Home Address _____

Home Phone Number _____

City, State & Zip _____

Social Security Number _____

Driver's License Number _____

State of Issue _____

PARTNERSHIP:

Owner's Name _____

Home Address _____

Home Phone Number _____

City, State & Zip _____

Social Security Number _____

Driver's License Number _____

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. Email addresses, and account numbers speed up the application process.

Supplier's Name _____

Contact _____

Address _____

City, State & Zip _____ Phone _____

Email address for credit references _____

Supplier's Name _____

Contact _____

Address _____

City, State & Zip _____ Phone _____

Email address for credit references _____

Supplier's Name _____

Contact _____

Address _____

City, State & Zip _____ Phone _____

Email address for credit references _____

Supplier's Name _____

Contact _____

Address _____

City, State & Zip _____ Phone _____

Email address for credit references _____

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, personal guarantor, and/or Corporation. 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 and Title _____

Date Signed _____

For Corporate Guarantor(s):

Authorized Signature for the Corporation/Company _____

Printed Name and Title _____

Date Signed _____

Home Address _____

City, State & Zip _____

Home Phone Number _____

Social Security Number _____

Driver's License Number _____

State of Issue _____

Authorized Signature for the Corporation/Company _____

Printed Name and Title _____

Date Signed _____

Home Address _____

City, State & Zip _____

Home Phone Number _____

Social Security Number _____

Driver's License Number _____

State of Issue _____

City, State & Zip _____

Home Phone Number _____

Social Security Number _____

Driver's License Number _____

State of Issue _____