

APPLICATION FOR CREDIT

Please Print All Information
Allow 10 days for clearance of Application

Cell Phone: _____

email: _____

Fax #: _____

Phone #: _____

1. Business Name of Account _____

2. Complete Business Address _____

3. Proprietorship Partnership Corporation Fed Tax ID# _____

4. Principals

Owners Name: _____ President : _____

Partners Name: _____ Vice President: _____

Coporation Officers: _____ Treasurer: _____

5. Type of Business _____ Number of Years in Business _____

6. Approximate Amount of Monthly Account Desired _____

7. We hereby give permission to any bank or creditor to release information to Scott Electric to facilitate the extension of credit

Signature _____ Date _____

8. Trade References (Name, Account No. and Complete Address)

A. _____

C. _____

B. _____

D. _____

9. Bank Refrences (Name, Account No. and Complete Address)

A. _____

Mortgage or Landlord

A. _____

10. Name and Address of Bonding Company

A. _____

11. Purchasing Agent and A/P Contact (Name & Email)

A. Name _____
email _____

B. Name _____
email _____

12. Please complete the following as well as the other side:

A. Spouse's Full Name _____

B. Residence Address _____ Phone # _____

C. Own Rent Other (Explain) _____

FOR OFFICE USE ONLY

D & B _____ Salesman _____ Credit Limit _____

Account Authorized by _____