



23820 Telegraph Rd., Southfield, MI 48033
Phone: 248.358.2800 • Fax: 248.358.6360

Table with 2 columns: Referred by: WEB SITE, ACCT #; INTERNAL USE ONLY - do not write in above space

APPLICATION FOR CREDIT

Name of firm or individual:

Billing Address: # of years at this address:

City: St.: Zip: Telephone:()

Type of Business: Fax:()

Business Address (if different from above):

The following information must be completed in full; and will be held in the strictest confidence.

OWNERSHIP: [] Corporation (C) [] Corporation (S) [] Partnership [] Individual [] Other:

Sales Tax #: (Blanket Certificate of Exemption must be submitted to receive tax exempt status.)

Accounts Payable/Billing Owner Other 1 Other 2
E-Mail Address:
Name:
Title:

Name(s) of Principal(s), Title, Address, City, Zip and Phone:

FINANCE: Bank Name: Branch:

Bank officer or department: Bank account #

Persons authorized to order and special instructions:

CREDIT TERMS: A FINANCE CHARGE of 1-1/2 % per month, annual rate of 18 % will be charged on all past due accounts. We reserve the right to suspend charge privileges if your account becomes past due. In consideration of ALLIED ELECTRIC SUPPLY CO. extending credit, the above named persons or organization acknowledges & agrees that they will be responsible & liable for any expense incurred (including attorney fees, court cost, & collection fees) in pursuance of the satisfaction of any outstanding monies owed in excess of 90 days past due from date of invoice. The validity, construction and enforcement of this Agreement shall be governed by the internal laws of the State of Michigan. All terms not otherwise defined have the meanings assigned to them by the Michigan Uniform Commercial Code. Invalidation of any provision of this Agreement, shall not affect the validity of any other provision. The jurisdiction and venue of any litigation between the parties shall be the State of Michigan, County of Oakland, and City of Southfield.

I certify that all the information on this form is correct; and that I fully understand your credit terms and agree to the proper payment in consideration of extended credit. I further certify that I have the authority to sign this application on behalf of the above named applicant.

Signed: Title:

Printed Name: Date:

I (We) personally guarantee as an individual (as individuals) , all monies owed to Allied Electric Supply Co., 23820 Telegraph Rd., Southfield, MI under the account name and terms listed above.

Signed:

Print Name:

Address:

City: St: Zip:

If married, spouse must sign also.

(over)

Trade References (Revolving Credit Cards not acceptable)

Name: _____	Address: _____	City: _____
St: _____	Zip: _____	Phone: (____) _____
		Fax: (____) _____
		Account #: _____
Name: _____	Address: _____	City: _____
St: _____	Zip: _____	Phone: (____) _____
		Fax: (____) _____
		Account #: _____
Name: _____	Address: _____	City: _____
St: _____	Zip: _____	Phone: (____) _____
		Fax: (____) _____
		Account #: _____
Name: _____	Address: _____	City: _____
St: _____	Zip: _____	Phone: (____) _____
		Fax: (____) _____
		Account #: _____

DO NOT WRITE IN THIS AREA

1. Sold From-To: _____	Owing: _____	Recent High: _____
Terms: _____	Past Due: _____	Payment Experience: _____
Comments: _____		
2. Sold From-To: _____	Owing: _____	Recent High: _____
Terms: _____	Past Due: _____	Payment Experience: _____
Comments: _____		
3. Sold From-To: _____	Owing: _____	Recent High: _____
Terms: _____	Past Due: _____	Payment Experience: _____
Comments: _____		
4. Sold From-To: _____	Owing: _____	Recent High: _____
Terms: _____	Past Due: _____	Payment Experience: _____
Comments: _____		
Notes:		
<input type="checkbox"/> Approved <input type="checkbox"/> Declined by: _____ Credit Limit: _____ Date: _____		