

38868 Mentor Avenue Willoughby, OH 44094 (440) 946-2250 Fax (440)975-5752

## \*\*\*Credit Application\*\*\*

| Company Name:  |  |   |  |  |
|--|--|---|--|--|
| □ Corporation  | ☐ Partnership  | □ Individ   | ual Proprietorship   | □ Other  |
| Bill to Addre  | ss   |   | Ship to Ad   | ldress (If Different)  |
| Street:  |  |   | Street:  |  |
| City:  |  |   | City:  |  |
| State:Zip:   |  | <u> </u>  | State:   | Zip:   |
| Primary Contact Name: _  |  |   | _ Years in Business:   |  |
|  |  |   |  | l: ( )   |
| E-Mail:  |  |   | _ Credit Line Reque  | sted:  |
|  |  |   | ☐ General Contractor / Builder ☐ Commercial ☐ Government ☐ Institutional |  |
| Names of Partners or Off   | ficers:  |   |  |  |
|  |  | SS #  | <del>!</del> :   |  |
|  |  |   |  |  |
| 1  | _ (Note: By law, Sales Ta  | ax must be cha  | ged unless a properly com  | pleted exemption certificate is on file)   |
| Accounts Pavable Person  | ı·   |   | Phone: (   | )  |
|  |  |   |  | Packing List? Yes No   |
| How do you prefer to re  |  |   |  |  |
| Email address for invoici  |  |   |  |  |
| Fax# for invoicing:  |  |   |  |  |
| Would you like to receive  | e our monthly flyer  | at no charge  | 9 Ves No   |  |
| The above information is given for the establish credit ability. It is agreed the and subject to a monthly service charge. | e purpose of obtaining credit a<br>at all bills will be paid in accor<br>ge of 1.5% per month on all pa<br>all expenses, including court | nd is warranted to<br>rdance with the te<br>ast due balances. | be true. Permission is given to rms noted on the invoices, and t         | make further investigation as required to hat accounts beyond that period are past due ney fees paid or incurred by Mars Electric Co |
| Customer Signature:  |  |   | Title:   | Date:  |
| Office Use Only: D&B Code:   | OCI M.   |   | Cradit Limit:  | P-Col:   |
|  | OSLM<br>Appr: _  |   | Date:  |  |
| Conta ii.  | · · · · · · -  | <del></del>   |  |  |

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