



# ELECTRIC SUPPLY CO. OF CARLSBAD, INC.



Post Office Drawer KK  
Carlsbad, NM 88221-7528  
Phone (575) 887-3561  
Fax (575) 885-8466

DATE \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ FAX \_\_\_\_\_

FED. EMPLOYMENT ID NUMBER (FEIN) OR (SS NO.) \_\_\_\_\_ E-MAIL \_\_\_\_\_

TAXPAYER ID NUMBER (If exempt, please furnish exempt cert.) \_\_\_\_\_

Is this the same address to which Monthly Statements and/or Invoices should be mailed for approval and payment?  YES  NO  
If NO please advise of any additional addresses necessary to properly handle your account.

TYPE OF BUSINESS: \_\_\_\_\_  
(e.g. INDUSTRIAL, CONSTRUCTION, OIL FIELD, MINING, etc.)

MONTH/YEAR BUSINESS STARTED \_\_\_\_\_ / \_\_\_\_\_ ESTIMATED CREDIT REQUIREMENT: \_\_\_\_\_

TEMPORARY ACCOUNT (i.e., Are you in the area for a limited time?)  YES  NO

IF YES, APPROX. HOW LONG? \_\_\_\_\_ IF YES, PROJECT AND/OR JOB NUMBER ON WHICH YOU ARE WORKING: \_\_\_\_\_

**BUYERS AUTHORIZED** NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**TO SIGN P.O.s** NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**AND/OR VERBALLY** NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**ORDER MERCHANDISE** NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

IS THIS A CORPORATION? \_\_\_\_\_ PARTNERSHIP? \_\_\_\_\_ PROPRIETARY? \_\_\_\_\_

IF YOU ARE PART OF A LARGER COMPANY OR CORPORATION (Such as a Branch or Affiliate) WHAT IS THE:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

X

WHO ARE THE PRINCIPALS OR OWNERS OF THE BUSINESS?

PRESIDENT OR OWNER \_\_\_\_\_

OTHERS \_\_\_\_\_

X

HAVE THE OWNERS EVER DECLARED BANKRUPTCY EITHER PERSONALLY OR AS ANOTHER BUSINESS?  YES  NO

CREDIT REFERENCES: (Please supply references with which this firm has regularly done business for at least one year).  
(Pre-printed form acceptable) (Corporate Credit phone please).

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

TELEPHONE

FAX

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

TELEPHONE

FAX

3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

TELEPHONE

FAX

BANK REFERENCE:

NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

IN CONSIDERATION OF CREDIT GRANTED BY ELECTRIC SUPPLY CO. OF CARLSBAD, INC. THE UNDERSIGNED GUARANTEES ANY AND ALL CHARGES AND/OR MONEY DUE ELECTRIC SUPPLY CO. OF CARLSBAD, INC. THIS SUM TO INCLUDE ANY AND ALL ATTORNEY'S FEES AND COLLECTION COSTS IN THE EVENT PAYMENT IS DEMANDED BY ELECTRIC SUPPLY CO. OF CARLSBAD, INC.

DATE \_\_\_\_\_, 20 \_\_\_\_\_ SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

X

SIGNED

TITLE OR POSITION

In signing this form I hereby authorize Electric Supply Company of Carlsbad, Inc., to obtain relevant credit information from any of the above listed sources. I also understand that if charges are not paid within the allotted credit terms the company applying for this credit will pay any reasonable attorney fees and/or collection fees incurred by Electric Supply Company of Carlsbad, Inc., in obtaining payment. Furthermore, if credit is granted I agree to pay finance charges of 1 1/4% per month or the maximum allowed by law on the balance of past due charges.

**It is imperative that credit applications be filled out entirely.**

**Fax numbers and account numbers on credit references help to expedite credit checks as most business will only give ratings via fax.**

**Please date and sign both lines at bottom of page two of credit application.**