



CREDIT APPLICATION

**** Please email the completed application to credit.manager@ace-supply.com ****

Company Name:		Date:		Tax Exempt: YES: <input type="checkbox"/> NO: <input type="checkbox"/> If "Yes" attach copy of your exemption certificate	
Billing/Mailing Address:		City:	State:	Zip:	
Shipping Address:		City:	State:	Zip:	
Phone:	Fax:	Email:			
Accounts Payable Contact:		Phone:	Email:		
PLEASE CHECK THE CORRECT RESPONSE TO THE FOLLOWING:					
Proprietorship: <input type="checkbox"/>		Partnership: <input type="checkbox"/>		C Corporation: <input type="checkbox"/>	
				S Corporation: <input type="checkbox"/>	
				LLC: <input type="checkbox"/>	
Date Business Started:		Number of Employees:		Dollar Amount of Credit Requested:	

DO YOU REQUIRE STATEMENTS? YES: <input type="checkbox"/> NO: <input type="checkbox"/> If yes, please indicate # of copies _____		
IF NEEDED, HOW DO YOU WANT TO RECEIVE YOUR STATEMENTS?		
MAILED: <input type="checkbox"/>	FAXED: <input type="checkbox"/>	EMAILED: <input type="checkbox"/>
Mailing Address:	Fax Number:	Email Address:
DO YOU REQUIRE INVOICES? YES: <input type="checkbox"/> NO: <input type="checkbox"/> If yes, please indicate # of copies _____		
IF NEEDED, HOW DO YOU WANT TO RECEIVE YOUR INVOICES?		
MAILED: <input type="checkbox"/>	FAXED: <input type="checkbox"/>	EMAILED: <input type="checkbox"/>
Mailing Address:	Fax Number:	Email Address:

TRADE REFERENCES

Name:	Address:	Phone:	Account #:
Name:	Address:	Phone:	Account #:
Name:	Address:	Phone:	Account #:

BANK REFERENCE

Bank Name:	Branch Address:		
Bank Contact Name:	Phone:	Check Account #:	Loan Account #:

OFFICERS OR PARTNERS INFORMATION

Name:	Address:	Phone:	Title:	Social Security #:
Name:	Address:	Phone:	Title:	Social Security #:

TERMS OF SALE

Payment in full is due and payable thirty (30) days from the date of invoice, which supersedes any terms on purchase order. Applicant agrees to these terms and to pay a service charge of 1 1/2% per month for each month or part of a month on the unpaid balance, and collection thereof, including reasonable attorney fees and costs. Service charges are calculated on the entire past due balance, which may contain prior service charges. Applicant further agrees to meet terms of sale, to pay service charges assessed, and to pay all reasonable collection expenses, including attorney fees and costs, in the event of default. Atlantic Coast Electric Supply, LLC is authorized to obtain credit information for the purpose of supporting the credit application and establishing open account.

By signing here, I/we agree to the above Terms and Conditions: _____

SIGNATURE (Officer, Owner, Partner)

PERSONAL GUARANTY

In order to extend credit to _____, the undersign does hereby absolutely, unconditionally and personally guarantee to Atlantic Coast Electric Supply, LLC the payment of all indebtedness and obligations existing on the date of this application or are incurred after such date. The obligations hereunder shall be binding on the heirs, administrations, successors and assigns of the undersigned.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the named business credit grantor, from time to time as may be needed in the credit evaluation process.

By _____ Signature of Guarantor
Printed _____

By _____ Signature of Guarantor
Printed _____

-Office Use Only-

Approved By:	Date:	Credit Limit:	Customer Type:
Manager Approval:	Date:	Salesperson:	Eclipse Account #:
Rebates:	Approved By::	Date:	