

Electrical Supply of Milford, Inc.
318 South Street
Milford, NH 03055
603.672.1200
counter@electricalsupplyofmilford.com

CREDIT APPLICATION

Date _____

*To The Credit Department of Electrical Supply of Milford, Inc.:
Submitted herein is Financial and Personal information which may be used in an
investigative basis for the establishment of my credit. It is understood and agreed
that in the acceptance of this application and issuance of credit to me I agree to
conform to the Terms and Regulations of the Credit Department.*

Account Name _____ SSN/EIN _____
Business Address _____ Tel _____

Residence Address _____ Tel _____

Check One: Corporation ___ LLC ___ Partnership ___ Proprietorship ___

How Long In Business _____ Credit Amount Seeking _____

Employed By _____ Address _____

Do You Own Real Estate? _____ Value _____ Location _____

Names and Addresses of Banks With Whom You Do Business

1. _____ Type of Account _____
2. _____ Type of Account _____

Names and Addresses of Merchants or Distributors With Whom You Do Business

1. _____
2. _____
3. _____

Whom Do You Authorize To Charge On This Account _____

**ALL INVOICES AND STATEMENTS WILL BE SENT VIA EMAIL. PLEASE PROVIDE
EMAIL ADDRESS BELOW. IF NOT AVAILABLE ALL INVOICES AND STATEMENTS
SHALL BE FAXED**

IT IS UNDERSTOOD THAT ALL BILLS ARE TO BE PAID MONTHLY _____

**NO CREDIT WILL BE EXTENDED TO ANY ACCOUNT WITH BALANCES
REMAINING UNPAID 45 DAYS OR MORE AFTER DATE OF PURCHASE.
COST PLUS REASONABLE ATTORNEY'S FEES TO BE ADDED IN CASE OF
SUIT FOR COLLECTION**

TERMS: Net EOM
1 ½ % Interest Charged
On Accounts Over 30 Days

*I, the undersigned, shall be personally
and financially responsible for all
material and finance charges charged
to this account*

Type or Print Name

Signature