



APPLICANT INFORMATION

APPLICANT: BUSINESS OR CORPORATE NAME (ATTACH BUSINESS CARD)					APPLICATION DATE	
BUSINESS STREET ADDRESS			BILLING ADDRESS: STREET OR P.O. BOX (IF DIFFERENT)			
CITY	STATE	ZIP	CITY	STATE	ZIP	
BUSINESS PHONE#	CELL PHONE#	TYPE OF BUSINESS		YEAR BUSINESS WAS ESTABLISHED	ANNUAL SALES	
EMAIL		MONTHLY STATEMENT OF ACCOUNT REQUIRED? [] YES [] NO		[] SOLE PROPRIETOR [] CORPORATION	[] PARTNERSHIP [] LLC [] OTHER	
PROFESSIONAL LICENSE NO.	STATE ISSUED	A/P CONTACT NAME EMAIL		IS THIS A SALES TAX EXEMPT ACCOUNT? [] NO [] YES* (*ATTACH RESALE CERTIFICATE)		
FEDERAL ID#	SSN#	DRIVERS LICENSE#		STATE ISSUED		

OWNERS / OFFICERS PERSONAL INFORMATION

NAME	TITLE	HOME ADDRESS	PHONE #
NAME	TITLE	HOME ADDRESS	PHONE #

BUSINESS / TRADE REFERENCES

Name	Years	Name	Years
Address		Address	
City	State	Zip	City
State	Zip	State	Zip
Contact	Phone#	Type of Account	Contact
Phone#	Type of Account	Phone#	Type of Account

BANK REFERENCE

BANK NAME	BRANCH ADDRESS	PHONE	ACCOUNT NO.	TYPE OF ACCOUNT
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Expected average monthly purchase	Amount of credit requested
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PAYMENT OPTIONS

Please **initial** the best option for your company. Any changes in payment agreement must be provided in writing and approved before any changes take effect.

- End Of Month or EOM** – Invoices will be held until the end of each month; at the end of each month, the Seller will charge the statement balance (total of all invoices per month) to Applicant's provided credit card on file. Applicant is responsible for updating credit card information. Failure to complete EOM payment will be assessed a 1.5% late payment fee each month until payment is processed in full.
- 2/10 Net 30** – Applicant agrees to pay each invoice within 30 days of original invoice date. Invoices paid within 10 days of original invoice date are eligible for an early payment discount. To receive the 2% discount, payment must be made using debit, check or cash. Credit card payments are not eligible for discount. Late payment fees will apply to any past due balances.
- Other** – If the above options do not fit within your company's payment schedule, we would be happy to discuss and determine a payment plan with you.

Applicant certifies that the provided information in this credit application agreement is for the purpose of procuring and establishing credit with Camarillo Electric Supply. The undersigned applicant authorizes Camarillo Electric Supply to make inquiries into the banking and business/trade references that have been supplied in order to establish creditworthiness. Applicant represents and warrants all information provided on this application is true and correct to the best of their knowledge.

Authorized Signature

Print Name

Date

Authorized Signature

Print Name

Date

