

803 South Robison Road  
P.O. Box 1258  
Texarkana, TX 75504



W HOLESALE E LECTRIC S UPPLY

Phone (903) 794-3404  
Fax (903) 794-3400  
Sales Fax (903) 792-2720

## CREDIT APPLICATION

Company Name \_\_\_\_\_ Tax ID or SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Website \_\_\_\_\_

Sole Proprietorship  Corporation  LLC  Partnership  Other \_\_\_\_\_

Year Business Started \_\_\_\_\_ Year Incorporated \_\_\_\_\_ State \_\_\_\_\_

Type of Business \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

A/P Phone \_\_\_\_\_ A/P Fax \_\_\_\_\_ A/P Email \_\_\_\_\_

PO Required?  Yes  No Invoices delivered via (check one)  Email  Fax  Mail

Price Ship Tickets?  Yes  No Tax Exempt?  Yes  No (If yes, attach signed tax exemption certificate)

### Owner(s), Partner(s), or Corporate Officer(s)

Name & Title \_\_\_\_\_ DL State & # \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Name & Title \_\_\_\_\_ DL State & # \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Name & Title \_\_\_\_\_ DL State & # \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

# WHOLESALE ELECTRIC SUPPLY CREDIT APPLICATION (CON'T)

## Trade References

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

## Bank References

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_

# WHOLESALE ELECTRIC SUPPLY CREDIT APPLICATION (CON'T)

Has the company or any of its owners or partners ever filed bankruptcy?  Yes  No  
(If yes, attach a letter of explanation including all pertinent information.)

Has a tax lien been filed against the company or any of its owners or partners in the last 5 years?  Yes  No (If yes, attach a letter of explanation including all pertinent information.)

All invoices are due and payable by the 10<sup>th</sup> of the month following billing. Discounts as stated on the invoice are only deductible provided that invoices are paid in full by the 10<sup>th</sup> of the month following billing. All invoices become delinquent after the 10<sup>th</sup> of the month following billing. All invoices are payable to Wholesale Electric Supply Company, Inc. at 803 South Robison Road, Texarkana, Bowie County, Texas.

It is agreed that past due accounts shall bear interest at the maximum rate of interest allowed by the appropriate jurisdiction, but in no event shall exceed 1.5% per month, 18% annum. It is further agreed that if this account is placed in the hands of an attorney and/or collection agency, the buyer agrees to pay all expenses, including court costs, legal and administrative expenses, and attorney and/or collection agency fees paid or incurred by Wholesale Electric Supply Company, Inc. It is agreed that the venue and jurisdiction for such legal action shall be Bowie County, Texas.

Terms of delivery made by our truck are FOB Destination. All material becomes property of the buyers when the delivery is signed for. Any claims for damage or shortage must be made, in writing, at the time of delivery. Terms of delivery by common carrier are FOB Shipping Point. All material becomes property of the buyers when delivered to the carrier. Any claims for damage or shortage should be noted on the delivery receipt and claim filed with the carrier.

Applicant authorizes Wholesale Electric Supply Company, Inc. to obtain credit and financial information concerning the applicant at any time and from any source for the purpose of evaluating the applicants creditworthiness in connection with this application.

Signed By:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

To be completed by salesman

Salesman _____
Branch _____
Requested Credit Limit _____

To be completed by WES Corporate Office

Approved _____
Date _____
Credit Limit Set _____