

Credit Application



915 Williams Ave. p 614.421.3334
Columbus, OH 43212 f 614.291.4129
www.loebelectric.com t 800.686.6351

Contact information:

Bill to: (if different)

Company Name _____				Address _____			
Address _____				City _____			
City _____		ST _____	Zip _____		ST _____		Zip _____
Email _____		Phone # _____		Cell # _____		Fax # _____	

Business information:

Proprietorship OR Partnership Established Month _____ Year _____

Corporation State of _____ Incorporated: Month _____ Year _____ Public Private

Subsidiary or division of _____

Address _____ City _____ St _____ Zip _____

Fed ID # _____ Ohio Tax Exempt? Y N Exemption # _____

Type of Business:

<input type="checkbox"/> Contractor (please check the category below in which majority of work is done)	OR	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Manufacturer/OEM	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Property Mgmt.	<input type="checkbox"/> Medical Center
<input type="checkbox"/> Commercial		<input type="checkbox"/> General	<input type="checkbox"/> Sign	<input type="checkbox"/> Municipality	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Residential		<input type="checkbox"/> Remodelling				
<input type="checkbox"/> Data/Comm		<input type="checkbox"/> Mechanical				

Key Personnel:

Owner(s) _____	% Owned _____	SS. No. _____	Home Tel. No. _____
_____	% Owned _____	SS. No. _____	Home Tel. No. _____
President _____	% Owned _____	SS. No. _____	Home Tel. No. _____
VP _____	% Owned _____	SS. No. _____	Home Tel. No. _____
Controller _____	% Owned _____	SS. No. _____	Home Tel. No. _____
Accounts Payable Contact _____			

Credit Amount Requested \$ _____

Estimated Annual Purchases \$ _____

Would you like a sales representative to call you?

YES NO

OFFICE USE ONLY

Approved Credit Amount \$ _____ By _____

Acct. # _____ Type _____ PC _____ Date _____

Salesman: Outside _____ Inside _____

Reason not approved: _____

MAJOR SUPPLIERS:

1. Name _____ Acct # _____	3. Name _____ Acct # _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____ Fax # _____	Telephone _____ Fax # _____
Fax _____	Fax _____
E-mail _____	E-mail _____
2. Name _____ Acct # _____	4. Name _____ Acct # _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____ Fax # _____	Telephone _____ Fax # _____
Fax _____	Fax _____
E-mail _____	E-mail _____

OUR TERMS: I (We) understand that our account is due and payable on the 10th of the month following invoicing for discount terms or payable 25th prox and that direct shipments may not be subject to discounts. We agree to pay our account promptly or to pay interest on past due amounts at 1.5% per month (18% annual rate).

I (We) understand that invoiced amounts are not limited to the requested or approved credit limit, which may be increased or decreased from time to time without notice.

I (We) hereby authorize all credit reporting agencies, banking institutions and suppliers to give to The Loeb Electric Company all credit information which may be requested concerning this firm.

I PERSONALLY GUARANTEE PAYMENT OF ALL LOEB ELECTRIC INVOICES BILLED TO THE ABOVE NAMED FIRM AND CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS COMPLETE AND CORRECT:

Name _____ Signature _____ PERSONAL GUARANTOR; Title _____
(Owner, Office Controller..)

Home Address _____ Home Tel. No. _____ S.S. No. _____ Date _____

Name _____ Signature _____ PERSONAL GUARANTOR; Title _____
(Owner, Office Controller..)

Home Address _____ Home Tel. No. _____ S.S. No. _____ Date _____

COMPLETE INFORMATION IS REQUIRED TO PROCESS THIS APPLICATION