

EASTERN STATES ELECTRICAL SUPPLY CO.

10 KIEFFER LANE
KINGSTON, NEW YORK 12401
PHONE (845)331-8500 FAX (845)-331-4447
EMAIL sales@easternstateselectric.com

CREDIT APPLICATION

INFORMATION SECTION

COMPANY/ NAME: _____ YEAR ESTABLISHED: _____

DBA (IF DIFFERENT THAN LEGAL NAME) _____

STREET ADDRESS: _____ PHONE: _____ - _____ - _____

CITY: _____ STATE: _____ ZIP: _____ - _____ FAX : _____ - _____ - _____

PO BOX (IF APPLICABLE): _____ CITY: _____ STATE: _____ ZIP: _____ - _____

BUSINESS TYPE: [] CORPORATION [] LLC [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] PERSONAL

TAX/FEDERAL ID NUMBER: _____ TYPE OF BUSINESS: _____

APPROXIMATE MONTHLY REQUIRED \$: _____

TYPE OF ACCOUNT: [] CHARGE [] CHARGE SECURED WITH CREDIT CARD [] CASH ONLY

**Separate credit card on file form also required **

OWNERS, PARTNERS, OR OFFICERS:

FIRST NAME: _____ LAST NAME: _____ MI: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ - _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

WORK PHONE NUMBER: _____ - _____ - _____ EXT _____ CELL PHONE NUMBER: _____ - _____ - _____

HOME PHONE NUMBER: _____ - _____ - _____

EMAIL: _____

FIRST NAME: _____ LAST NAME: _____ MI: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ - _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

WORK PHONE NUMBER: _____ - _____ - _____ EXT _____ CELL PHONE NUMBER: _____ - _____ - _____

HOME PHONE NUMBER: _____ - _____ - _____

EMAIL: _____

PLEASE LIST ADDITIONAL NAMES ON SEPARATE SHEET

ACCOUNTS PAYABLE INFORMATION

ACCOUNTS PAYABLE CONTACT: NAME: _____

PHONE NUMBER: _____ - _____ - _____ FAX NUMBER: _____ - _____ - _____

EMAIL: _____

ACCOUNT OPTIONS AND PREFERENCES

FAX NUMBER TO FAX INVOICES TO _____ - _____ - _____
ALL INVOICES WILL BE FAXED UNLESS THE MAILED OPTION IS CHECKED BELOW

I DO NOT WANT INVOICES FAXED I PREFER THEM PHYSICALLY MAILED ONCE A MONTH

COMPANY EMAIL ADDRESS: _____

PURCHASE ORDER / JOB NAME REQUIRED: YES NO

BACK ORDERS ACCEPTED: YES NO

PICK TICKETS PRICED: YES NO

SPECIAL ORDERS ACCEPTED VIA PHONE: YES NO

MONTHLY STATEMENT REQUIRED: YES NO

ALL PURCHASES TAX EXEMPT: YES NO JOB BY JOB BASIS

**(A sales tax certificate is required for us to make all purchase tax exempt must be attached to this application.)
(If sales are to be tax exempt on a job by job basis a tax certificate is required for each job as they arise)**

ACCOUNT OPTIONS AND PREFERENCES CONTINUED

ONLY AUTHORIZED USERS MAY CHARGE ON THIS ACCOUNT YES NO

IF YES LIST AUTHORIZED USERS

AUTHORIZED USERS:

NAME: _____ CELL PHONE _____ - _____ - _____ EMAIL: _____

NAME: _____ CELL PHONE _____ - _____ - _____ EMAIL: _____

NAME: _____ CELL PHONE _____ - _____ - _____ EMAIL: _____

NAME: _____ CELL PHONE _____ - _____ - _____ EMAIL: _____

NAME: _____ CELL PHONE _____ - _____ - _____ EMAIL: _____

**WHEN MAKING CHANGES TO THIS LIST YOU MUST FAX OR MAIL THE INFORMATION
OFFICERS, OWNERS AND PARTNERS ARE ALWAYS AUTHORIZED USERS
IF YOU NEED MORE ROOM PLEASE ATTACH SEPARATE LIST**

Please list any special account requirements below :

CREDIT REFERENCE SECTION

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT: _____ **ACCOUNT #:** _____

CONTACT: _____ **ACCOUNT #:** _____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT: _____ **ACCOUNT #:** _____

CONTACT: _____ **ACCOUNT #:** _____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

BANK REFERENCES

BANK NAME: _____

BANK NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

PHONE: ____ - ____ - ____ **FAX:** ____ - ____ - ____

CONTACT: _____ **ACCT #:** _____

CONTACT: _____ **ACCT#:** _____

We hereby authorize Eastern States Electrical Supply Co. to contact the above references and or any other credit sources you deem necessary to establish our credit rating.

AUTHORIZED SIGNATURE: X _____ **DATE:** _____

PRINT NAME: _____

TERMS AND CONDITIONS OF SALE/OPEN ACCOUNT

EFFECTIVE DATE: May 28, 2002

Revised January 12th 2012

1. **Terms** (Subject to change with 30 days notice)

Please be advised that our terms for this account will be set upon account approval. You will be advised of the terms of your account with your approval letter but terms for specific invoices or jobs may vary. Terms on the invoice override the standard terms. Our billing cycle closes on the last day of each month. Any payments received after the last day of the month will be considered late for our billing cycle and will be subject to a 2% late charge per month. If your account has a discount period we will not accept payments with discounts after the discount terms date. If a payment is made after that date and includes a discount, the amount of discount will be charged back to your account and will appear on your next statement. We will not write off late charges, unless it is a mistake on our part. If late charges are ignored and not explained why they are not being paid we will have no choice but to put the account on hold until the matter is cleared up. Once an account is put on credit hold all orders will be placed on hold, any special orders not in transit will be placed on hold at the factory and not released until the items are paid in full or the account has been satisfied. Eastern States Electrical Supply will not be responsible for job delays, nor be legally or financially liable for any charges incurred due to delays. We reserve the right to close this account for any reason without notice or change these terms with at least a 30 day notice via mail, Email, or via fax.

2. **Special Orders / Back Orders**

All special order material once shipped from the factory is your material. Eastern States Electrical Supply will bill special order/backordered materials upon our receipt of such materials and will not be responsible for materials left more than 30 days. If you wish not to allow special orders by phone please send us a note stating this and special order/backorder requests will have to be made at the counter and signed by the person requesting the order. Special orders are non returnable and if you do not pick them up you will not be credited for these items. We are not responsible for any damages to material shipped to you via a common carrier (ex. UPS, RPS, YELLOW FRT, etc.). You must file a claim with the carrier who delivered the material. Certainly, if we can be of help, we will do what we can

3. **Returned Checks**

There will be a \$25.00 return check charge on all returned checks. If this charge is not paid within ten days of notice the \$25.00 will be charged to your account.

4. **Our Return Policy Is As Follows**

We would appreciate in order to expedite your credit that a copy of an invoice or invoice number be supplied for the material being returned. If we are unable to find an invoice for which the material was purchased on, no credit will be issued whether or not you have a credit slip. A minimum service charge of 15% will be deducted on all merchandise returned. No returns will be accepted after 30 days. Credit for the return of specialty or non-stock items will not be allowed.

5. **Default / Collections**

You the customer are responsible for all collection charges including attorneys fees for any account balances we find necessary to take action to collect on and all service charges on said account balances up to and including the month in which we turn the account over for collections. Collection fees can be as high as 50% of your account balance depending on our arrangements with the collection agency and or attorney.

6. **Non-Assignment**

This Agreement may not be assigned by the customer, in whole or in part, without Eastern States Electrical Supply Company's prior written consent.

7. **Bankruptcy**

If you the customer should seek the protection of the Bankruptcy Courts of any jurisdiction within or without the United States of America, you agree to execute any documents necessary to reaffirm your obligations under this Account to pay any outstanding monies owed to Eastern States Electrical Supply Company in full.

8. **Governing Law**

This Contract is governed by the laws of the State of New York.

9. **Entire Agreement / Modification**

This document contains the entire agreement of the parties, and the customer acknowledges that neither Eastern States Electrical Supply Company nor any of its agents have made any representations or warranties that are not expressly contained herein. The terms and conditions hereof shall supersede any and all provisions, terms and conditions contained in any confirmation, order or other writing the Customer may give or receive, and the rights of the parties shall be governed exclusively by the terms, conditions and provisions hereof. No usage or trade or course of prior dealings between the parties shall be relevant or admissible to supplement, explain or vary any of the terms set forth herein. The failure of either party to enforce any of its rights hereunder shall not constitute a waiver of such rights hereunder. This agreement may only be modified in writing signed by both parties.

AUTHORIZED SIGNATURE: X _____ DATE: _____

PRINT NAME: _____

Accepted By: Eastern States Electrical Supply Co.

AUTHORIZED SIGNATURE: X _____ DATE: _____

PRINT NAME: _____

PERSONAL GUARANTEE:

In order to induce Eastern States Electrical Supply Co. to extend credit to _____ The undersigned does hereby absolutely, unconditionally, and personally guarantee to Eastern States Electrical Supply Co. payment of all indebtedness and obligations of whatever nature to Eastern States Electrical Supply Co. as they come to be due or accelerated whether such indebtedness and obligations hereunder shall be binding on there heirs, administrators, successors and assignees of the undersigned.

SIGNATURE OF PERSON OR INDIVIDUAL: X _____ DATE: _____

PRINT NAME: _____ SOCIAL SECURITY NUMBER: _____

SIGNATURE OF PERSON OR INDIVIDUAL: X _____ DATE: _____

PRINT NAME: _____ SOCIAL SECURITY NUMBER: _____

INTERNAL USE

RECEIPT DATE: _____ REF SENT DATE: _____ APPROVAL DATE: _____

ACCOUNT #: _____ CREDIT LIMIT: _____ APPROVED BY: _____

ACCOUNT TERMS: _____

ACCOUNT REJECTED DATE: _____ BY: _____

REASON FOR REJECTION: _____

CASH ONLY ACCOUNT: _____ COPY ACCOUNT : _____

UPDATE REQ: _____ REQ DATE: _____ HOLD DATE: _____