

CUSTOMER SERVICE ELECTRIC SUPPLY, INC.

1612 North 6th Ave., Knoxville, Tennessee 37917
P.O. Box 27006 Knoxville, Tennessee 37927-7006

PH: (865) 524-7555 • FAX: (865) 546-7891 • 1-800-206-5874

CUSTOMER CREDIT APPLICATION

COMPANY
NAME: _____

Corporation Partnership Sole Proprietorship LLC

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

COMPANY E-MAIL ADDRESS: _____

ACCOUNTS PAYABLE
PERSON'S NAME: _____

ACCOUNTS PAYABLE'S
E-MAIL ADDRESS: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

TAXABLE? YES NO

(IF NO – ATTACH A COPY OF YOUR TAX EXEMPTION CERTIFICATE – VERY IMPORTANT)

DO YOU REQUIRE A PURCHASE ORDER NUMBER? YES NO



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INFORMATION ON PRINCIPALS:

- For a Partnership or Sole Proprietorship list all owners and partners.
- For a Corporation list all officers, general managers, and directors.

NAME TITLE HOME ADDRESS HOME PHONE

CREDIT REFERENCES

Primary Bank:

NAME: _____ ACCOUNT #: _____

Contact Name: _____ Phone #: _____

Secondary Bank (If applicable):

NAME: _____ ACCOUNT #: _____

CONTACT NAME: _____ PHONE #: _____

TRADE REFERENCES *(Please include at least three)*

NAME: _____ ACCOUNT #: _____

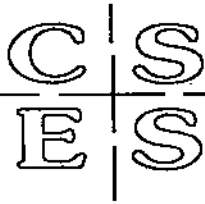
Contact Name: _____ Phone #: _____

Fax #: _____

NAME: _____ ACCOUNT #: _____

Contact Name: _____ Phone #: _____

Fax #: _____



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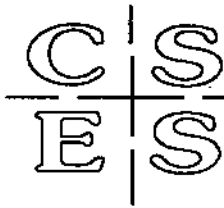
NAME: _____ ACCOUNT #: _____

Contact Name: _____ Phone #: _____

Fax #: _____

TERMS AND CONDITIONS

1. CSES terms are **NET 30**; no exceptions.
2. **SPECIAL ORDERS:** Your signature below affirms your understanding that many of the terms of the items supplied by CSES are special order items specifically ordered just for you. As such, you further understand that any special order merchandise may not be returnable, and if returnable, may be subject to a restocking fee.
3. The information on this application is for out consideration as a basis for the extension of credit to the applicant. **If credit is granted, it is understood that payment must be rendered in full no later than 30 days following the date of shipment.** Past due items are subject to late payment service charges of 1.5% per month, or 18% annually. A service charge of \$40.00 will be applied for each returned check. In the event that your account is placed with a third party for collections your signature below confirms that you agree to pay all costs including attorney fees, in addition to all court costs.
4. Your signature below authorizes CSES to investigate your credit history, bank references, and other information deemed necessary to extend credit, and for any future updates to your credit file as needed.



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**I hereby agree to all of the above policy statements in consideration of the extension of credit by
CUSTOMER SERVICE ELECTRIC SUPPLY, INC.**

AUTHORIZED

SIGNATURE: _____

PRINTED NAME: _____

TITLE OR CAPACITY: _____

DATE: ____/____/____