



# King Electrical MFG. Co.

## APPLICATION FOR CREDIT

Name of Business \_\_\_\_\_

Shipping Address \_\_\_\_\_

Billing Address \_\_\_\_\_

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

### GENERAL INFORMATION

Type of Business \_\_\_\_\_ Federal ID# \_\_\_\_\_

Parent Company, Principal Officer, or Owner \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Accounts Payable Email Address \_\_\_\_\_

Incorporated? Yes  No  D&B# \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

How Long Has The Company Been in Business? \_\_\_\_\_ Website Address \_\_\_\_\_  
Term: Net 30 Days

Email Address for Invoices to Be Sent Out Electronically \_\_\_\_\_

### CREDIT REFERENCES (May Attach List)

Bank Reference \_\_\_\_\_ Phone# \_\_\_\_\_

Contact Name \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

*I hereby grant permission for you to verify this information with these references. In the event that said account is placed in the hands of a licensed collection agency or attorney for collection, or if suit is instituted on said account, I hereby agree to pay, in addition to the principal balance and interest due, attorney and/or collectors fees and court cost. I hereby agree to abide by King Electrical Mfg. Company's Payment Terms of Net 30 Days.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Complete and Attach Your State Tax Authority Resale Certificate and an IRS W9 Form to This Application.



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## CONTACTS REQUIRED FOR COMMUNICATION UPDATES

Company \_\_\_\_\_

PRODUCT UPDATES	OPERATIONAL ANNOUNCEMENT
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*Purchasing	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Marketing	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Sales Manager	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Sales Person	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Sales Person	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Regional Manager	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Branch Manager	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Branch Manager	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
*Corporate	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
_____	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		
_____	First Name _____	Last Name _____	<input type="checkbox"/>	<input type="checkbox"/>
	Phone# _____	Email _____		

\*To Add Additional Contacts to Our Communication Updates Please Provide Contacts on a Separate Sheet  
Please return completed application to your local King Sales Agent.