



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? _____
Term: Net 30 Days

Stocking Distributor? Yes No

Website Address _____

Email Address for Invoices to Be Sent Out Electronically

Preferred Payment Method

- AD, Member Name:** _____
- EFT**
- Check**

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.



King Electrical MFG. Co.

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.