

**Electrical Supply of Milford, Inc.**  
318 South Street  
Milford, NH 03055  
603.672.1200  
603.672.3423 (fax)

**CREDIT APPLICATION**

Date \_\_\_\_\_

*To The Credit Department of Electrical Supply of Milford, Inc.:  
Submitted herein is Financial and Personal information which may be used in an  
investigative basis for the establishment of my credit. It is understood and agreed  
that in the acceptance of this application and issuance of credit to me I agree to  
conform to the Terms and Regulations of the Credit Department.*

Account Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_  
Business Address \_\_\_\_\_ Tel \_\_\_\_\_

Residence Address \_\_\_\_\_ Tel \_\_\_\_\_

**Check One:** Corporation \_\_\_ LLC \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_

How Long In Business \_\_\_\_\_ Credit Amount Seeking \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Do You Own Real Estate? \_\_\_\_\_ Value \_\_\_\_\_ Location \_\_\_\_\_

Names and Addresses of Banks With Whom You Do Business

1. \_\_\_\_\_ Type of  
Account \_\_\_\_\_

2. \_\_\_\_\_ Type of  
Account \_\_\_\_\_

Names and Addresses of Merchants or Distributors With Whom You Do Business

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Whom Do You Authorize To Charge On This Account \_\_\_\_\_

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**ALL INVOICES AND STATEMENTS WILL BE SENT VIA EMAIL. PLEASE  
PROVIDE EMAIL ADDRESS BELOW. IF NOT AVAILABLE ALL INVOICES AND  
STATEMENTS SHALL BE FAXED**

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**IT IS UNDERSTOOD THAT ALL BILLS ARE TO BE PAID MONTHLY \_\_\_\_\_**

**NO CREDIT WILL BE EXTENDED TO ANY ACCOUNT WITH BALANCES  
REMAINING UNPAID 45 DAYS OR MORE AFTER DATE OF PURCHASE.  
COST PLUS REASONABLE ATTORNEY'S FEES TO BE ADDED IN CASE OF  
SUIT FOR COLLECTION**

**TERMS:** Net EOM  
1 ½ % Interest Charged  
On Accounts Over 30 Days

*I, the undersigned, shall be personally  
and financially responsible for all  
material and finance charges charged  
to this account*

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature