

Company Information - Customer Name:

Type of Business (Products or services sold):		In Business Since:	
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	
Proprietorship <input type="checkbox"/>		LLC <input type="checkbox"/>	
Contact Person:		Contact's Email and Phone:	
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Accounts Payable Contact Person/Title:		AP Contact's Email:	
AP Contact's Phone/Extension:		AP Contact's Fax:	

Bank References

Bank Name:	Bank Name:
Type of Bank Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Type of Bank Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Account Number:	Account Number:
Banker's Name/Title:	Banker's Name/Title:
Banker's Contact Information:	Banker's Contact Information:
Address:	Address:
Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Authorized Signature/Title

Date

Please fill out the entire form and return by any of these means:

Fax: 760-251-0771, ATTN: Kathleen Backlund-Sasse

Scan and email to: Kathleen@WECSelectric.net

U.S. mail to: WECS Electric Supply P.O. Box 580278, North Palm Springs, CA 92258-0278