



ELECTRICAL ASSEMBLIES UNLIMITED

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:

**Company Name:**

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

President:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

**BANK NAME:**

Address:

City:

State:

ZIP:

Contact:

Telephone:

Fax:

E-mail:

### BUSINESS/TRADE REFERENCES

**Company Name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company Name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**Company Name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Electrical Assemblies Unlimited, LLC to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:

Date:

Title:

Date: