



ROCKINGHAM ELECTRICAL SUPPLY COMPANY

Application For An Open Account With Rockingham Electrical Supply Co., Inc.

(Please check box over appropriate location) ▪ (For further information call 603-436-7731 – Fax: 603-610-0087)

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 437 Shattuck Way
Newington, NH | 221 Washington St.
Claremont, NH | 220 White Mt Hwy
Conway, NH | 11 Winter St.
Rochester, NH | 135 Glen Ave.
Berlin, NH | 7 Mt. Vernon Ave.
Augusta, ME | 35 Diamond St..
Portland, ME | 58 Macy St.
Amesbury, MA | 170 Summer St.
Lewiston, ME |

Company Name: _____

Physical Street Address **AND** PO Box: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Applicant's Name: _____ Email Address: _____

PREFERRED METHOD TO SEND INVOICES & STATEMENTS: **Email** **FAX** **Regular Mail**

Type of Business: _____ FED ID # or SS #: _____

Are you Tax Exempt? ****Yes** **No** Tax Exempt #: _____ - **** IF YES-enclose copy of Tax Exempt Certificate**

How long in business? ____ Years Is your business: Full-time Part-time How many people, not counting yourself, do you employ? ____

Is your business either: a corporation a partnership or sole proprietorship LLC Are Purchase Order Req'd: Yes No

Accounts Payable contact person: _____

A/P Phone #: _____ A/P Fax #: _____

Requested Credit Amount from Rockingham Electric to your company? \$ _____

Please list the names, addresses and titles of principals involved:

Name: _____	Address: _____	Title: _____
Name: _____	Address: _____	Title: _____
Name: _____	Address: _____	Title: _____

Bank Reference:

Name of Bank: _____ Acct #: _____

Address: _____ City: _____ State: _____ Contact: _____ Phone: _____

Credit Reference: List three largest suppliers with complete addresses and fax # **(NO BANK, UTILITY OR CREDIT CARD ACCOUNTS PLEASE):**

Name: _____ Address: _____ Acct #: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Name: _____ Address: _____ Acct #: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Name: _____ Address: _____ Acct #: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

TERMS AND CONDITIONS

The information above is correct to the best of my knowledge and I authorize Rockingham Electric to complete a thorough credit investigation. If you deem it necessary, I hereby give you permission to obtain information from a participating Credit Bureau for the purposes of establishing credit, account review, credit line increases, collection or other legitimate purposes.

Interest at the rate of 2% per month (24% annually) will be assessed against all delinquent accounts. Delinquent accounts are those which have not paid invoices by the 25th of the month following purchase.

In the event of default in the payment of this account, I agree to pay interest at the rate of 24 per centum per annum, and in the event of default in the terms of our agreement, I agree to pay all costs of collection including Attorney Fees.

Signature of Applicant: _____ **Title:** _____

Print Name of Applicant: _____ **Date:** _____

PERSONAL GUARANTEE

In consideration of the extension of credit to the applicant pursuant to the terms of this account, which the undersigned considers to be of value to the undersigned, the undersigned individual personally guarantees to pay the entire obligation of the applicant (including all accrued interest, attorney's fees and costs of collection) in the event the applicant fails to pay any of said obligation, immediately upon demand made by Rockingham Electric on the undersigned individual. This guarantee is an absolute and unconditional, irrevocable guarantee of payment and performance.

Signature of Applicant: _____

Print Name of Applicant: _____ **Date:** _____

For Office Use Only:

ACCOUNT OPENED:	CREDIT LIMIT:	APPROVED BY:
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