



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)

- 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.
26 Bay St. Wolfeboro, NH

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:

Table with 3 columns: ACCOUNT OPENED, CREDIT LIMIT, APPROVED BY