



855 MAHLER RD., BURLINGAME, CA 94010 PH 800.390.3299 FAX 650.692.0711

APPLICATION FOR CREDIT

PLEASE PRINT OR TYPE:

Business Name: _____

DBA or Assumed Name: _____

Billing Address: _____ City _____ State _____ Zip Code _____

Shipping Address: _____ City _____ State _____ Zip Code _____

Business Tel. No. _____ Fax No. _____ Email _____

- Corporation • Partnership • Sole Proprietorship • Government Agency

Incorporated in what State? _____ Date Established: _____

Type of Business: _____ No. of Employees: _____ Contractor License: _____

State Issued: _____ AP Contact Name _____ Phone: _____

Email: _____ Invoice/Statement Preference: Email: ___ Mail: ___

• CHARGE SALES TAX • DO NOT CHARGE SALES TAX (ATTACHED EXEMPTION CERT; Tax will be charged without valid certificate on file)

• PURCHASE ORDER REQUIRED • PURCHASE ORDER NOT REQUIRED • JOB NAME REQUIRED • JOB NUMBER REQUIRED

BUSINESS & BONDING INFORMATION:

Years in Business _____ Federal ID# _____ Contractor Bond # _____

Bonding Agency: _____ Address: _____

OWNER/OFFICERS – If sole proprietorship or partnership complete the entire section below. If a corporation complete NAME and TITLE section

Name: _____ Title: _____ SS# _____ CA Driver's License _____

Address: _____ City _____ State _____ Zip _____

Name: _____ Title: _____ SS# _____ CA Driver's License _____

Address: _____ City _____ State _____ Zip _____

TRADE REFERENCE * MUST PROVIDE EMAIL ADDRESS FOR A/R CONTACT *

Name: _____ Location: _____ Email Address: _____

Name: _____ Location: _____ Email Address: _____

Name: _____ Location: _____ Email Address: _____

BANK REFERENCE

Name: _____ Account# _____ Routing# _____

Address: _____ Contact Name: _____

ANY MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED EVIDENCE OF FRAUD, SINCE THIS INFORMATION IS THE BASIS FOR EXTENDING OF CREDIT. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit reference and principal listed. Payment Terms are NET 30 days In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month 18% annual percentage rate on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Company Name: _____

Date: _____

Print Name: _____

Signature _____



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PERSONAL GUARANTEE

In consideration for LiveWire Electrical Supply, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to LiveWire Electrical Supply, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between LiveWire Electrical Supply, Inc. and the business. _____ shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by LiveWire Electrical Supply, Inc. .

The guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by LiveWire Electrical Supply, Inc. . Said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Print Name:

(Name of person guaranteeing payment, NO TITLE)

Home Address:

Home Phone: _____ SS#: _____

Signature of person guaranteeing payment: _____ Date _____

Name of Business whose account is guaranteed: _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: Approved?

Amount \$ _____ Acct# _____