

# ELECTRONICS *Supply Co., Inc.*

4100 MAIN STREET • KANSAS CITY, MISSOURI 64111  
PHONE (816) 931-0250 • FAX (816) 753-2595  
www.eskc.com

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Are you exempt from sales tax? Yes \_\_\_\_ No \_\_\_\_ **If Yes, complete Tax Exemption Form 149.**

Type of Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Are Purchase Orders required? Yes \_\_\_\_ No \_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

### BANK INFORMATION

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### CREDIT REFERENCES: (In order to be processed, **fax number must** be correct.)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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If this application is accepted and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. If accounts are not promptly paid when due, and this account is collected by a collection agency or an attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney's fees and cost of collection. Terms if not otherwise specified are NET 30 Days. Interest shall also be added to any unpaid balance at the rate of 1.5% per month. Which is equivalent to 18% per annum, unless such interest is prohibited by any existing local laws and then the maximum allowed under such local statues shall be in effect.

**Owner's Personal Guarantee** \_\_\_\_\_

**Company Authorization** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_