



# Sunray Electric Supply Co.

**HEADQUARTERS** – 711 WALNUT ST., PO BOX 489,  
McKEESPORT, PA 15134-0489  
TELEPHONE: 412-678-8826 • FAX: 412-678-2633

**BRANCH** – 105 BROUGHTON RD.,  
BETHEL PARK, PA 15102  
TELEPHONE: 412-831-2364 • FAX: 412-831-3472

## CONFIDENTIAL CREDIT APPLICATION

I (WE) HEREBY APPLY FOR THE EXTENSION OF CREDIT BY YOUR FIRM.  
THE FOLLOWING IS SUBMITTED AS A BASIS FOR YOUR CONSIDERATION.

### BUSINESS CONTACT INFORMATION

Company Name:			
Type of Business:		Year Established:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: (Please explain) <input type="checkbox"/>
Federal ID:		DUNS #:	
Billing Address:			
City:		State:	ZIP Code:
Ship to Address:			
City:		State:	ZIP Code:
Phone:		Fax:	
Email:			

### BANK INFORMATION AND CUSTOMER PREFERENCES

Name of Bank:			
Checking Account#:			
P.O. # Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Name Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchases Are: <input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt* (*Please attach a copy of your signed exemption.)			
Would you prefer your packing slips priced? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>How would you prefer to receive the following:</b>			
	Email	Fax	"Snail" Mail
Statements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoices:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quotes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PRINCIPAL OWNERS OR STOCKHOLDERS

<b>Name:</b>			
Home Address:			
City:		State:	ZIP Code:
Phone:		Email:	
<b>Name:</b>			
Home Address:			
City:		State:	ZIP Code:
Phone:		Email:	

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

**DO YOU HAVE A COMPANY WEBSITE? : WWW.**

**AGREEMENT**

**APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS.**

**I (WE) UNDERSTAND THAT OUR ACCOUNT IS DUE AND PAYABLE ON THE 10<sup>TH</sup> OF THE MONTH FOLLOWING INVOICING.**

**The above information is for the purpose of obtaining credit and is warranted to be true. I (we) hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.**

**ANY ACCOUNT THAT IS PAST DUE WILL BE PUT ON CREDIT HOLD UNTIL THE FULL BALANCE IS PAID.**

**A monthly service charge will be added to all invoices past due thirty (30) days or more at a rate indicated on the invoice.**

**Any account referred to collection will be charged, in addition to a monthly service charge, all collection costs, including but not limited to attorney fees and court costs.**

**SIGNATURES**

Signed:

Signed:

Printed:

Printed:

Title:

Title:

Date:

Date:

**COMPANY CONTACTS**

**Job Title:**  A/P  PURCHASING  ENGINEERING  MAINTENANCE  ESTIMATOR  PRINCIPAL  AFTER HOURS

Name:

Email:

Phone:

Cell:

Fax:

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Name:

Email:

Phone:

Cell:

Fax:

**\* FOR OFFICE USE ONLY \***

CUSTOMER # :	
ASSIGNED BRANCH :	<b>MCKEESPORT</b>
PRIMARY SALESPERSON NAME :	
ACCEPTS BACK ORDERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHARGE INTEREST:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PAYMENT TERMS:	
DISCOUNTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDIT GROUP:	<b>MAIN</b>
INVOICE FREQUENCY:	
DEFAULT SHIPPING INSTRUCTIONS:	
CREDIT LIMIT: \$	
AGED AMOUNT: \$	
AGED DAYS:	<b>61</b>
ACCEPT CHECKS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
EMERGENCY BACK ORDERS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
P.O. # REQUIRED :	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHIPPING METHOD :	<input type="checkbox"/> UPS <input type="checkbox"/> W/C <input type="checkbox"/> TRUCK
BILL FREIGHT :	<input type="checkbox"/> YES <input type="checkbox"/> NO
DEFAULT FREIGHT AMOUNT :	
SERVICE CHARGE FORGIVENESS AMOUNT :	<b>2.00</b>
CHARGE RESTOCKING FEE :	<input type="checkbox"/> YES <input type="checkbox"/> NO
FULFILLMENT:	<input type="checkbox"/> SHIP AVAILABLE <input type="checkbox"/> SHIP LINE <input type="checkbox"/> SHIP COMPLETE
PRICE LIST :	
SPECIFIC DISCOUNT :	
CLASSIFICATION(MARKET SERVED / PRICING LEVELS):	
PRICE LIST :	
RELATED CUSTOMERS :	
WEBSITE:	
WEBSITE USER NAME :	
WEBSITE PASSWORD :	