



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			
How would you prefer to receive the following:			
	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

Name:			
Home Address:			
City:		State:	ZIP Code:
Phone:		Email:	
Name:			
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 10TH 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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