

CORPORATE CREDIT APPLICATION AGREEMENT

NEWTON ELECTRICAL SUPPLY Co., INC.
48 MECHANIC STREET
NEWTON UPPER FALLS, MA., 02464
TEL 617-527-2040 FAX 617-527-4534
WWW.NEWTOELECTRIC.COM

A.D. COLA LIGHTING
86 WORCESTER ROAD (RT.9)
NATICK, MA., 01760
TEL 508-653-4118 FAX 508-653-1118
WWW.ADCOLA.COM

CORPORATE NAME TYPE OF BUSINESS

BILLING ADDRESS CITY ST. ZIP

STREET ADDRESS CITY ST. ZIP

HOW LONG AT THIS ADDRESS: OWN RENT E-mail address:

TEL# FAX# CELL#

HOW LONG IN BUSINESS? HAVE YOU EVER FILED FOR BANKRUPTCY? STATE INCORPORATED: YEAR INCORPORATED:

SALES TAX EXEMPTION CERTIFICATE # CORPORATE F.I.D. #

PLEASE ATTACH COPY OF CERTIFICATE (NUMBER WITHOUT COPY OF CERTIFICATE IS NOT ACCEPTABLE)

PRESIDENT

HOME ADDRESS

CITY ST. ZIP TEL.# CELL#

HOW LONG AT THIS ADDRESS: OWN RENT

TREASURER

HOME ADDRESS

CITY ST. ZIP TEL.# CELL#

HOW LONG AT THIS ADDRESS: OWN RENT

PRINCIPAL

HOME ADDRESS

CITY ST. ZIP TEL.# CELL#

HOW LONG AT THIS ADDRESS: OWN RENT

BILLING INFORMATION

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE:

NAME

TEL # FAX # E-MAIL ADDRESS

PURCHASE ORDER NUMBER REQUIRED? YES NO

BANK INFORMATION

BANK NAME: ACCOUNT #

ADDRESS

CITY STATE ZIP TEL #

TYPE OF PRODUCT TO BE PURCHASED FROM US:

AMOUNT OF CREDIT DESIRED: PROJECTED MONTHLY PURCHASES:

TRADE REFERENCES

FOR OFFICE USE ONLY

1. NAME ADDRESS..... CITY STATE ZIP..... CONTACT NAME..... E-MAIL..... TEL#..... FAX#.....		HOW LONG HIGH CREDIT..... CURRENT BALANCE..... PAST DUE..... TERMS..... RATING.....		
2. NAME ADDRESS..... CITY STATE ZIP..... CONTACT NAME..... E-MAIL..... TEL#..... FAX#.....		HOW LONG HIGH CREDIT..... CURRENT BALANCE..... PAST DUE..... TERMS..... RATING.....		
APPROVED BY	DATE	TERMS	CREDIT LIMIT	CODE

The undersigned hereby agrees and understands that any balance on this account remaining unpaid past the terms stated on the invoice (Net 30 Days), shall incur a finance charge of 1 ½ % per month (annual percentage rate of 18%). It is further agreed that if said account is placed in the hands of an attorney for collection, reasonable attorney's fees in the amount of 20% of the balance outstanding and all other costs of collection shall be added to the balance outstanding with Newton Electrical Co., Inc., and/or any subsidiaries and/or any assignees thereof.

PRICING: Prices and product specifications are subject to change without notice.

TERMS: All invoices are due NET in 30 days. On past-due accounts, a service charge at the rate of 1 ½ % per month will be charged. Annual Rate 18%.

CLAIMS: Claims for damages, shortages and errors must be made within 5 days from the date of delivery. We shall not, under any circumstances, be liable for merchandise delivered at the buyer's request, when there is no authorized person to receive the shipment.

GUARANTEE: Products sold by us are guaranteed only as offered by the individual manufacturers. We do not offer any additional guarantees. Guarantees cover repair or replacement of products only. Labor or any other costs that may be incurred by consumer or contractor are not covered.

RETURNS: No refund, credit or exchange allowed after 10 days. All returned merchandise must be accompanied with a receipt, unused and in original cartons. Lamp shades are not returnable. Special orders are not returnable. Light bulbs are not returnable. All returns subject 50 % restocking charge.

I/We hereby authorize release of information deemed necessary for establishing open credit from all banks and references or any other credit agency.

To be signed-

SIGNATURE
Must be signed by an Officer of corporation

DATE.....

PRINT NAME.....

TITLE.....

PLEASE NOTE:
 OUR COMPANY REQUIRES A PERSONAL SIGNATURE FOR ALL PRIVATELY HELD CORPORATIONS.
 PLEASE MAKE SURE PERSONAL GUARANTEE IS COMPLETED IN ORDER TO AVOID ANY DELAYS.

In consideration of the credit extended to the above-named Corporation, the undersigned agrees to be personally liable for all obligations of the above-named Corporation arising out of any credit extended to said Corporation by Newton Electrical Co., Inc., and/or any subsidiaries and/or any assignees thereof.

SIGNATURE..... DATE.....

PRINT NAME.....

DATE OF BIRTH.....

SOCIAL SECURITY #.....

NEWTON ELECTRICAL SUPPLY

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MEMO

Re: Credit Application

Please note; credit application with original signatures must be mailed to our office before accounts can be processed.

Thank you.

Denise