



108 E. 27th Street
Jacksonville, FL 32206
Phone: 904-353-1500
Fax: 904-353-2777

BUSINESS ACCOUNT INFORMATION

DATE: _____

ACCOUNT NAME: _____

BILLING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

FEDERAL I.D. NUMBER: _____ DUNS NUMBER: _____

DATE ESTABLISHED: _____

IF OTHER THAN CORPORATION:

OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

TRADE CREDIT REFERENCES

1. COMPANY NAME: _____

STREET ADDRESS: _____ CITY & STATE: _____

TELEPHONE NUMBER: _____ ACCOUNT NUMBER: _____

2. COMPANY NAME: _____

STREET ADDRESS: _____ CITY & STATE: _____

TELEPHONE NUMBER: _____ ACCOUNT NUMBER: _____

3. COMPANY NAME: _____

STREET ADDRESS: _____ CITY & STATE: _____

TELEPHONE NUMBER: _____ ACCOUNT NUMBER: _____

WHO WAS YOUR FORMER ELECTRICAL CONTRACTOR? _____

HAVE YOU EVER BEEN DENIED CREDIT? YES ____ NO ____

HAS A COMPANY YOU OWNED EVER DECLARED BANKRUPTCY? YES ____ NO ____

DO YOU HAVE ANY PENDING LAWSUITS OR JUDGEMENTS? YES ____ NO ____

ESTIMATED MONTHLY ELECTRICAL NEEDS: \$ _____

PERSON IN CHARGE OF PAYABLES? _____

DIRECT TELEPHONE LINE: _____

SPECIAL BILLING REQUIREMENTS:

PURCHASE ORDER REQUIRED? YES: _____ NO: _____

SIGNATURES REQUIRED? YES: _____ NO: _____

WHO IS AUTHORIZED TO SIGN ON THE COMPANIES BEHALF?

LIST: _____

IS THERE A LIMIT TO THE AMOUNT THESE INDIVIDUALS CAN CHARGE? (Y)___ N)___
IF SO, AMOUNT? _____

THE FOLLOWING INFORMATION IS REQUIRED REGARDLESS OF THE TERMS REQUESTED:

CREDIT/DEBIT CARD NUMBER: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

VALIDATION CODE: _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I AM AN AUTHORIZED SIGNER ON THE ABOVE CARD AND HEREBY GIVE THOMPSON ELECTRIC, INC. PERMISSION TO BILL MY CREDIT CARD WHEN REQUESTED OR IF THE ACCOUNT GOES OUT OF TERMS.

RINT NAME: _____

CARD OWNER'S SIGNATURE: _____

DATE: _____

IMPORTANT! READ CAREFULLY: AS AN AUTHORIZED AGENT OF THE BUSINESS APPLYING FOR CREDIT (HEREINAFTER CALLED "APPLICANT"), I UNDERSTAND THAT THIS CREDIT APPLICATION AUTHORIZES THOMPSON ELECTRIC, INC. TO CHECK ALL CREDIT AND BUSINESS ASSOCIATIONS OF APPLICANT. FURTHERMORE, I UNDERSTAND THAT IF APPLICANT IS GRANTED CREDIT, THE FOLLOWING AGREEMENTS ARE MADE IN CONSIDERATION OF THAT EXTENSION OF CREDIT.

- 1. ALL PURCHASES WILL BE PAID FOR IN ACCORDANCE WITH THE TERMS OF THE SALE; WHICH ARE NET 30 DAYS.**
- 2. IF APPLICANT FAILS TO PAY FOR SAID PURCHASES WHEN DUE, APPLICANT AGREES TO PAY AND AUTHORIZES THE ASSESSMENT OF INTEREST CHARGES OF 1.5% PER MONTH (18% PER ANNUM) ON ANY PAST DUE AMOUNTS.**
- 3. IN THE EVENT THAT A LAWYER OR COLLECTION AGENCY IS USED TO COLLECT A DELINQUENT ACCOUNT, APPLICANT UNDERSTANDS AND AGREES TO PAY ALL COLLECTION COST INCLUDING COURT COST, FINES AND REASONABLE ATTORNEY'S FEES.**
- 4. IN THE EVENT THAT APPLICANT'S ACCOUNT BECOMES PAST DUE, APPLICANT HEREBY AGREES AND AUTHORIZES THE REPOSSESSION OF ANY GOODS CHARGED TO APPLICANT'S ACCOUNT, AND HEREBY GRANTS THOMPSON ELECTRIC, INC. A SECURITY INTEREST IN SAID GOODS.**

BY: _____
AUTHORIZED AGENT & TITLE

DATE: _____