

CREDIT APPLICATION



Customer Information

Account Manager:		Company Name:		Duns Number:		
Address:			City:		State:	Zip:
Phone:		Fax:		Nature of Business (OEM, MRO, System Integrator, Panel Shop, Contractor, etc.):		
Date Established:		Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship				
Credit Line Established for: \$			Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No *Exempt # _____			

Principals of the Company

President:		Email Address:	
Controller:		Accounts Payable:	

** If non-taxable, we must have a copy of the tax-exempt certificate. Tax will be charged if the certificate is not on file.*

Trade Reference (1)

Name:		Address:			
City:		State:	Zip:		
Phone:		Fax:		Avg. Monthly Purchases:	

Trade Reference (2)

Name:		Address:			
City:		State:	Zip:		
Phone:		Fax:		Avg. Monthly Purchases:	

Trade Reference (3)

Name:		Address:			
City:		State:	Zip:		
Phone:		Fax:		Avg. Monthly Purchases:	

I understand that a credit check will take place if my company is extended credit by Revere Electric. I understand payment is due upon receipt of an invoice, according to Revere's terms. Standard terms are 1% 10 days, net 30. I understand there is a 1.5% finance charge (18% annual rate) on all balances beyond 60 days. I agree to pay, in the event the account becomes delinquent, all costs of collection, including court costs and attorney fees.

Printed Name: _____

Signature: _____

Title: _____

Date: _____

Unless otherwise requested, all invoices will be sent via email.

**PLEASE NOTE THAT A SIGNATURE IS NEEDED TO PROCESS THIS APPLICATION.
FOR THAT REASON YOU MUST PRINT A COPY OF THIS FORM, COMPLETE IT AND FAX IT TO GREG MILLER
AT (847) 499-6015. IF YOU NEED TO SPEAK TO GREG DIRECTLY, HE CAN BE REACHED AT (312) 738-3636.**