



# CREDIT APPLICATION

Please fill out and call 1-800-237-8274 for your local office's fax number.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

Ship to: (if not same as above)

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Tax Exempt?  Yes  No If yes, please attach Blanket Certificate of Resale.

D&B Number \_\_\_\_\_

Corporation  Partnership  Proprietorship

Type of Business \_\_\_\_\_

Individuals responsible for payment:

1) \_\_\_\_\_

2) \_\_\_\_\_

Names of Officers:

1) \_\_\_\_\_ Title \_\_\_\_\_

2) \_\_\_\_\_ Title \_\_\_\_\_

3) \_\_\_\_\_ Title \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

References (Please include name, address and phone and fax number)

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Bank \_\_\_\_\_

\_\_\_\_\_

Submitted by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## ALL U.S. LOCATIONS

1-800-237-8274

www.a-electric.com



### FLORIDA

AA ELECTRIC S.E., INC.  
2011 S. Combee Road  
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### GEORGIA

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### NEW JERSEY

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