



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-aelectric.com



FLORIDA

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NEW JERSEY

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