

# STATE WIRE & TERMINAL, INC.

2676 PALDAN DR. • AUBURN HILLS, MI 48326-1824 • (248) 634-2020 • (800) 922-6527 • FAX (248) 634-2022

## APPLICATION FOR CREDIT

BUSINESS NAME _____	DBA _____
BILLING ADDRESS _____	SHIP TO _____
CITY-STATE-ZIP _____	CITY-STATE-ZIP _____
TELEPHONE _____	
EMAIL ADDRESS _____	
<b>DELIVERY LOCATION:</b> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/>	
<b>BUSINESS TYPES:</b> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/>	
WOULD YOU LIKE YOUR INVOICES AND STATEMENTS: EMAILED OR MAILED? (CIRCLE ONE)	
BUSINESS STARTED IN _____	YEARS AT THIS LOCATION _____
CHIEF EXEC OFFICER _____	ACCOUNTS PAYABLE MGR _____
<b>BANK NAME</b> _____	<b>TELEPHONE</b> _____
<b>MAILING ADDRESS</b> _____	<b>PHONE</b> _____
	<b>ACCOUNT No.</b> _____
<b>BUSINESS</b> _____	<b>CONTACT NAME</b> _____
<b>MAILING ADDRESS</b> _____	<b>PHONE</b> _____
	<b>EMAIL</b> _____
<b>BUSINESS</b> _____	<b>CONTACT NAME</b> _____
<b>MAILING ADDRESS</b> _____	<b>PHONE</b> _____
	<b>EMAIL</b> _____
<b>BUSINESS</b> _____	<b>CONTACT NAME</b> _____
<b>MAILING ADDRESS</b> _____	<b>PHONE</b> _____
	<b>EMAIL</b> _____

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**Credit terms are N/30 from invoice date.** 1-1/2% per month will be added to all past due invoices (18% per annum). Statements are created on the first business day of each month for reconciliation purposes.

### CUSTOMER AUTHORIZATION AND CERTIFICATION:

We certify that the information on this form is correct and agree to make payment within the terms listed above. We understand that the extension of credit is based on our Credit History and authorize the bank and trade references listed on this form to release information to State Wire & Terminal, Inc.

**CHANGE OF OWNERSHIP** - written notification stating change of ownership or termination of account is required within 30 days of ownership change. Failure to furnish this written notification will obligate the customer for any post ownership charges. Notification should be sent to [receivables@statewire.com](mailto:receivables@statewire.com).

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Name (Printed) Title

\_\_\_\_\_  
Date