



# State Electric Supply Company

Corporate Offices

2010 2nd Avenue \* P.O. Box 5397 \* Huntington, WV 25703

Phone: (304) 523-7491 \* (800) 624-3417 \* Fax: (304) 528-0243

Date \_\_\_\_\_

## APPLICATION FOR INDIVIDUAL CREDIT

Completed applications may be faxed to (304)-528-0243

### PLEASE COMPLETE AND RETURN TO ABOVE CREDIT DEPARTMENT ADDRESS OR FAX NUMBER

NAME		ADDRESS/PO BOX	
CITY	STATE	ZIP CODE	PHONE NUMBER
SOCIAL SECURITY #	SPOUSE NAME	SPOUSE SOCIAL SECURITY #	
EMPLOYER	IF HOME IS OWNED MORTGAGE CO		
YEARS EMPLOYED	PREVIOUS EMPLOYER	_____ OWN HOME	_____ RENT
REASON FOR OPENING ACCOUNT			

### COMPLETE IF YOU ARE CONSTRUCTING A NEW HOME

LENDING INSTITUTION	ADDRESS
TELEPHONE NUMBER ( )	ACCOUNT NUMBER
AMOUNT OF LOAN	LOAN OFFICER
ELECTRICIAN	BUILDING SITE ADDRESS

### TERMS

Our maximum terms are **Net 30 Days**. All invoices will be considered past due after 30 day period.  
 A finance charge or late charge will be added in the amount of 1.5% per month or 18% per annum on past due accounts.  
 Returned merchandise must be approved and is subject to a restocking charge. Special order merchandise may not be subject to return. No claims for shortages or breakage will be considered after 7 days. Sales slip must accompany all returns.

### PERSONAL GUARANTY

In consideration of credit being extended by **State Electric Supply Company**, the undersigned jointly and severally, unconditionally and irrevocably, hereby guaranty to **State Electric Supply Company**, the prompt payment of any and all debt owed or hereinafter incurred to **State Electric Supply Company**. We acknowledge this guaranty is made for good and valuable consideration and our liability hereunder is unlimited. Applicant and/or Personal Guarantor authorizes **State Electric Supply Company** to obtain a personal consumer credit report from the appropriate credit reporting agency. The undersigned agrees to pay reasonable attorney fees and legal costs In the event it is necessary to refer this matter to an attorney to enforce or collect the Guaranty Agreement.

\_\_\_\_\_  
(SEAL) GUARANTOR (SIGNATURE WITHOUT TITLE) / DATE

\_\_\_\_\_  
WITNESS DATE

\_\_\_\_\_  
(SEAL) GUARANTOR (SIGNATURE WITHOUT TITLE) / DATE

\_\_\_\_\_  
WITNESS DATE

### FOR OFFICE USE ONLY

ACCOUNT NUMBER _____	CREDIT OFFICER _____	BRANCH _____
CONTACT PERSON _____	SIC CODE _____	TERRITORY NUMBER _____
TAXABLE YES _____ NO _____	TAXING STATE _____	COUNTY TAX _____
REQUESTED BY _____	APPROVED BY _____	CREDIT LIMIT _____
NAL - SE 1. 2. 3. 4. 5.	D & B RATING _____	PERIOD _____