



CASH or C.O.D. CREDIT APPLICATION

CUSTOMER INFORMATION

Credit application for cash accounts only.

Cash account for Electrical Distributing Inc.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Type of business _____

Year opened: _____

Home phone: _____

Business phone: _____

Cell phone: _____

Fax: _____

Email: _____

BANK INFORMATION

Fill out section below if paying by check.

Name: _____

Account#: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Date account opened: _____

SIGNATURE

The undersigned hereby agrees that in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge to the cost of collection including court costs.

Company: _____

Date: _____

Signature: _____

Title: _____

Please print your name: _____

Salesperson name: _____

Salesperson signature: _____

FAX BACK COMPLETED FORM TO (503) 226-2468

