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**New Customer Credit Application**

**Fax 618-566-0048 or scan and e-mail to m.sullivan@basor.com**

**Company Name: Click here to enter text.**

**Billing Address: Click here to enter text.**

**Shipping Address: Click here to enter text.**

**Phone #: Click here to enter text. Fax#: Click here to enter text. Email: Click here to enter text.**

**Owner/President Name: Click here to enter text. Type of Business: Click here to enter text.**

**Buying group or commercial cooperative member? Yes**[ ]  **No** [ ]  **If yes, name of group: Click here to enter text.**

**Corporate Name: Click here to enter text.**

**Corporate Address: Click here to enter text.**

**Phone #: Click here to enter text. Fax#: Click here to enter text. Email: Click here to enter text.**

**Fed Tax ID: Click here to enter text. SALES Tax Exempt: Yes** [ ]  **No** [ ]  **If yes, SALES Tax Exempt certificate must be sent in with this application or your account will be charged sales tax and it will be your responsibility to pay all tax for purchases made.**

**Bank/ Location: Click here to enter text.**

**Bank Phone #: Click here to enter text. Bank Account Number #: Click here to enter text.**

**List credit references with whom you presently have equal or greater credit you are requesting. Please make sure these**

**references will cooperate and give out credit information. We require phone & fax numbers.**

**Company Name: Click here to enter text. Phone Number: Click here to enter text.**

**Fax Number: Click here to enter text.**

**Company Name: Click here to enter text. Phone Number: Click here to enter text.**

**Fax Number: Click here to enter text.**

**Company Name: Click here to enter text. Phone Number: Click here to enter text.**

**Fax Number: Click here to enter text.**

**Amount of credit requested: Click here to enter text.**

Terms of Sale for Basor Electric, Inc. are **2% 10 days, NET 30 days**

Exception to the terms shown above must have management approval in writing prior to sale.

We believe that our firm is financially able to meet any commitments we may make and expect to pay our invoices according to your terms We also understand that it is the company’s policy to hold shipments on past due accounts.

**Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click here to enter text. Date: Click here to enter text.**

**CONTACTS**

**MANAGER**

**Name: Click here to enter text. Email Address: Click here to enter text.**

**Phone #: Click here to enter text. Fax #: Click here to enter text.**

**PURCHASING DEPARTMENT**

**Name: Click here to enter text. Email Address: Click here to enter text.**

**Phone #: Click here to enter text. Fax #: Click here to enter text.**

**BILLING DEPARTMENT**

**Name: Click here to enter text. Email Address: Click here to enter text.**

**Phone #: Click here to enter text. Fax #: Click here to enter text.**

**PAYMENT TERMS**

**Payment terms for Basor Electric, Inc. are 2% 10 days, Net 30 days**

Method of payment:

[ ] Check [ ] Wire Transfer

**IF PAYING BY CHECK, REMIT PAYMENT TO:**

**BASOR ELECTRIC, INC., 626 SOUTH JEFFERSON STREET, MASCOUTAH IL 62258**

**If paying by wire transfer contact Judy.Mack at 618-566-0048 ext. 101, email: judy.mack@basor.com**

 Signature of this form indicates your agreement to the terms and confirms the accuracy of the information provided.

**Name: Click here to enter text. Title: Click here to enter text. Date: Click here to enter text.**

Signature

**INTERNAL USE ONLY, BASOR ELECTRIC, INC.**

**Category: Click here to enter text. Group Assigned: Click here to enter text.**

**Subsidiary: Click here to enter text. Sales Manager: Click here to enter text.**

**Terms Accepted: Click here to enter text. Client Code: Click here to enter text.**

**BASOR ELECTRIC, INC. COMPANY SEAL AND SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Signature