

APPLICATION FOR CREDIT

Please Print All Information
Allow 10 days for clearance of Application

Cell Phone: _____

email: _____

Fax #: _____

Phone #: _____

1. Business Name of Account _____

2. Complete Business Address _____

3. Proprietorship Partnership Corporation Fed Tax ID# _____

4. Principals

Owners Name: _____ President: _____

Partners Name: _____ Vice President: _____

Coporation Officers: _____ Treasurer: _____

5. Type of Business _____ Number of Years in Business _____

6. Approximate Amount of Monthly Account Desired _____

7. We hereby give permission to any bank or creditor to release information to Scott Electric to facilitate the extension of credit

Signature _____ Date _____

8. Trade References (Name, Account No. and Complete Address)

A. _____

C. _____

B. _____

D. _____

9. Bank Refrences (Name, Account No. and Complete Address)

A. _____

Mortgage or Landlord

A. _____

10. Name and Address of Bonding Company

A. _____

11. Purchasing Agent and A/P Contact (Name & Email)

A. Name _____
email _____

B. Name _____
email _____

12. Please complete the following as well as the other side:

A. Spouse's Full Name _____

B. Residence Address _____ Phone # _____

C. Own Rent Other (Explain) _____

FOR OFFICE USE ONLY

D & B _____ Salesman OL _____ Credit Limit _____

Account Authorized by _____

Date: _____

Credit Manager:

In consideration of the extension of credit by you to _____ of

(City and State) Company Name
(Hereafter called Principal)

I, we, or either or us jointly and severally and unconditionally guarantee to you the payment of all debts to you incurred by the Said Principal. This is a continuing agreement to pay for all goods, wares, or merchandise heretofore or at any time hereafter purchased from you by Said Principal, without limit as to amount, and shall be deemed to be renewed each time a purchase is so made, without further notice to the undersigned of such purchases. It is understood that if bills are not paid by the said Principal when due, the undersigned will pay them directly to you within ten days after receipt of notice from you of the failure of Said Principal to pay such bills.

No termination hereof shall be effected by the death of any or all of us. No termination shall be effective except on receipt by Scott Electric Co of notice sent by registered mail to 1000 South Main St., Greensburg, PA 15601, or effective as to any of us who has not given such notice, or affect any transaction effected prior to the effective date of termination. Each of us waives notice of acceptance hereof and of presentment, demand, protest and notice of nonpayment of protest as to any note or obligation signed, accepted endorsed or assigned to you by said principal and all exemptions and homestead Laws and any other demands and notices required by law, and we waive all defenses, set-offs, and counterclaims.

If it becomes necessary to enforce this guaranty by suit or to place this guaranty in the hands of an attorney for enforcement, although no suit results, Guarantors agree to pay the Creditors interest until paid, on the amount for which Guarantors are liable, and all costs, attorney's fees and reasonable expenses of collection.

Governing Law: This guaranty is to be interpreted in accordance with, and its administration and performance governed by, the laws of the Commonwealth of Pennsylvania. The parties hereto agree that Westmoreland County, Pennsylvania shall be the forum for any cause of action filed in any court of law or equity.

This guaranty shall bind our respective heirs, administrators, personal representatives, successors and assigns, and shall inure to your successors and assigns. All of your rights are cumulative and not alternative.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Witness our hands and seals this _____ day of _____, 20_____

At _____,
(State)

(Individual Signature) (Social Security #)

(Address)

(Individual Signature) (Social Security #)

(Address)