Cabin Creek Electrical Inc.

Credit Application

Please complete this form, save it, and email it to: info@cabincreekcontracting.com

Section 1: Business Information

Legal Business Name:

DBA (Doing Business As):

Business Physical Address:

Street

City State Zip

Business Phone Number:

Website Address:

Contact Email for Invoicing:

Federal Tax ID Number (EIN):

Type of Business:

PA Sales Tax Exempt? (If yes, attach exemption form)

Section 2: Key Contacts

Primary Contact:

Primary Contact Email:

Accounts Payable Contact Name (if different):

Accounts Payable Contact Email:

Section 3: Financial & Trade References

Requested Credit Limit: \$

Bank Name:

Bank Phone Number:

Trade Ref Company: Phone Trade Ref Company: Phone

Section 4: Agreement & Authorization

By signing below, you confirm that the information provided is accurate and authorize Cabin Creek Electrical Inc. to verify this information by contacting your bank and trade references.

Title:

You agree to our standard payment terms of Net 30 days. A service charge of 1.5% per month will be applied to all past-due balances. You also agree to pay all costs of collection, including reasonable attorney's fees, if your account goes into default.	
Personal Guarantee (Applicable only for Sole Proprietorships/Pa	rtnerships): "The
undersigned personally guarantees the payment of all debts incurred business."	• •
Printed Name of Authorized Signer:	Title
Signature:	
Date:	