



VILLA PARK ELECTRICAL SUPPLY

The Power of Great Service Since 1973

420 W. North Ave.
Addison, IL 60101
Phone: 630.629.3990
Fax: 630.629.3988
Web site: www.vpes.net

All information given will be treated as confidential.

All Applications must include:

- **Signature of Principal or Owner**
- **Copy of State Resale Certificate (where applicable)**

CREDIT APPLICATION

Complete Information Below

Legal Business Name _____ Date _____

d/b/a _____

Street Address _____ Phone# (____) _____

City _____ State _____ Zip _____ Email _____

Corporation ____ Partnership ____ Proprietorship ____ LLC ____ Years in Business _____

Principal Owner(s) Name(s), Address(es) and Title(s):

1) _____

2) _____

Bank and Trade References:

Name of Bank _____

Address _____ City _____ State _____ Zip _____

Account # _____ Officer Phone # (____) _____

Trade References where credit is now being extended (Please list four, and give COMPLETE names and addresses)

1) Name _____ Phone (____) _____
Address _____ Email _____
City, State, Zip _____

2) Name _____ Phone (____) _____
Address _____ Email _____
City, State, Zip _____

3) Name _____ Phone (____) _____
Address _____ Email _____
City, State, Zip _____

4) Name _____ Phone (____) _____
Address _____ Email _____
City, State, Zip _____

Resale # _____ Attach a copy of State release certificate if applicable.

Are financial statements, including balance sheet and income statement available upon request? _____

Amount of monthly credit you are requesting \$ _____

Preferred method to receive invoices and Statements of Account:

Mail _____ Email _____

Application For Open Account Terms and Conditions:

As an agreement in making this application for credit, I authorize you to make an investigative report through interviews with the above references and bank as listed. Further, in making this application, I hereby agree that if any account is opened and credit is granted, I shall make payment on said account in accordance with the payment terms in effect. All purchase of any one month must be paid for by the end of the following month. It is understood that any past due account may incur a monthly service charge of 1.5% on the first day of any and each month in which the account is past due. Any fees incurred due to returned checks will be borne by my corporation/LLC. In addition, any past due balance and/or expense incurred in collection of said balance, including, but not limited to collection agency and/or legal fees, will be borne by my corporation/LLC.

I, _____, hereby agree to personally guarantee payment of any and all debts of said Corporation/LLC due to Villa Park Electrical Supply Co., Inc.

Social Security # _____ Drivers License # _____

Signature _____ Please Print Name _____

Title _____ Date _____

Payment Option: To simplify your billing, if you would like us to automatically charge your credit card for the balance of your monthly statement, please sign below. I hereby authorize Villa Park Electrical Supply Co., Inc. to automatically charge the balance of my charge account to my credit card account on the ____ day of the month, each month. This authorization is valid until rescinded by written notice.

Credit Card # _____ Type _____ Exp _____ V Code _____

Cardholder Signature _____

Please Print Name _____

Date _____

For Credit Department Use Only

Received _____ Customer # _____ Available Credit _____

Cr _____ Inq _____ Approved/Enter _____ Folders _____ Letter/Call _____