



15 BOUTWELL, SAN FRANCISCO, CA 94124 PH 800.390.3299 FAX 650.692.0711

APPLICATION FOR CREDIT

PLEASE PRINT OR TYPE:

Business Name:

DBA or Assumed Name:

Billing Address: City State Zip Code

Shipping Address: City State Zip Code

Business Tel. No. Fax No. Email

Incorporated in what State? Date Established: Corporation Partnership Sole Proprietorship Government Agency

Type of Business: No. of Employees: Contractor License: State Issued: AP Contact Name

Phone: Email: Invoice/Statement Preference: Email: Mail:

CHARGE SALES TAX • DO NOT CHARGE SALES TAX (ATTACHED EXEMPTION CERT; Tax will be charged without valid certificate on file) PURCHASE ORDER REQUIRED • PURCHASE ORDER NOT REQUIRED • JOB NAME REQUIRED • JOB NUMBER REQUIRED

BUSINESS & BONDING INFORMATION:

Years in Business Federal ID# Contractor Bond # Bonding Agency: Address:

OWNER/OFFICERS - If sole proprietorship or partnership complete the entire section below. If a corporation complete NAME and TITLE section

Name: Title: SS# CA Driver's License

Address: City State Zip

Name: Title: SS# CA Driver's License

Address: City State Zip

TRADE REFERENCE \* MUST PROVIDE FAX OR EMAIL ADDRESS

Name: Address: Fax/ Email Address:

Name: Address: Fax/ Email Address:

Name: Address: Fax/ Email Address:

BANK REFERENCE

Name: \_\_\_\_\_ Account# \_\_\_\_\_ Routing# \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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ANY MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED EVIDENCE OF FRAUD, SINCE THIS INFORMATION IS THE BASIS FOR EXTENDING OF CREDIT. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit reference and principal listed. Payment Terms are NET 30 days  
In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed and agrees to pay a service charge per month of 1-1/2% per month 18% annual percentage rate on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_



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### PERSONAL GUARANTEE

In consideration for LiveWire Electrical Supply, Inc. extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to LiveWire Electrical Supply, Inc. by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between LiveWire Electrical Supply, Inc. and the business. \_\_\_\_\_ shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by LiveWire Electrical Supply, Inc. .

The guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by LiveWire Electrical Supply, Inc. . Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Print Name:

\_\_\_\_\_

\_\_\_\_\_  
(Name of person guaranteeing payment, NO TITLE)

Home Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ SS#:

\_\_\_\_\_

Signature of person guaranteeing payment: \_\_\_\_\_ Date

\_\_\_\_\_

Name of Business whose account is guaranteed: \_\_\_\_\_

\_\_\_\_\_

**CREDIT DEPARTMENT USE ONLY**

Date: \_\_\_\_\_

Line of Credit: Approved?

\_\_\_\_\_

Amount \$ \_\_\_\_\_ Acct#