



Michigan Electric
Supply Co.

**Advance Glove
&
Safety**



Application for Credit
Michigan Electric Supply Co. / Advance Glove & Safety
Fax 810-234-3202 Email office@michiganelectricsupply.com

Burton
4060 Somers Dr
Burton Mi 48529
810-234-8661

Lansing
1100 E. Jolly Rd
Lansing Mi 48910
517-393-9612

Company Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Accounts payable contact name: _____
A/P email address: _____
A/P FAX number: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Tax exempt #: _____ If Non Tax please attach tax exemption certificate
Date incorporated: _____ Years in business: _____
Please list all owners include spouse if listed on business.
Owners name and title: _____
Owners name and title: _____
Owners name and title: _____
Type of Business: _____
Business is: Individual Partnership Corporation Division LLC
Statement Required? y/n Po Required for ordering? y/n
Have you ever requested credit from us before? y/n
List 3 trade references with whom you have an open account
Name, Phone and fax:
1. _____
2. _____
3. _____
Bank name: _____ Address: _____
Account#: _____ Phone: _____
Contact name: _____

Has the firm or any of it's principles ever been bankrupt? y/n
If yes, explain.

I authorize Michigan Electric Supply to conduct a credit investigation and authorize the credit and financial institutions to divulge information concerning my account with them.

Signature _____

Payment on account made by credit cards must be made for the amount due, on or before the 25th of the month in which it is due. If payment on account is made by credit card after the 25th a 3% convenience fee will be added to the credit card payment.

Signature _____

Any misrepresentation in this application will be considered evidence of fraud. This information is the basis for the extending of credit as an inducement to grant credit. The undersigned warrants that the information submitted is true and correct.

Signature _____

In consideration for the extension of credit, said business promises to pay for all the purchases within the term agreed upon and agrees to pay a service charge per month of 1-1/2% per month 18% annually 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 cost of litigation incurred, the undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Signature _____

In consideration for Michigan Electric Supply Co 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 Michigan Electric Supply Co 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 Michigan Electric and the business. Michigan Electric 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 Michigan Electric Supply Co.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail. Return receipt requested is received by Michigan Electric. 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.

Signature _____

Printed Name _____

Social Security # _____

Home Address: _____

Name of business whose account is guaranteed _____