



# Customer Credit Application *(Please Type or Print)* - City Electric Company, Inc.

Fax Completed Application to: 315-425-1005, Att: Credit Dept. or mail to: City Electric Co., Inc. PO Box 1018, Syracuse, NY 13201



<b>Company Name:</b> _____	Federal ID Number or
<b>Business Address</b> _____	Social Security Number: _____
City: _____ State: _____ Zip Code: _____	<b>Business Phone:</b> (____) _____-_____
<b>Billing address:</b> <i>(if different)</i> _____	<b>Business Fax:</b> (____) _____-_____
City: _____ State: _____ Zip Code: _____	<b>E-Mail Address:</b> _____
<b>Year Established:</b> _____	<b>Annual Sales Volume:</b> \$ _____

**Amount of Credit Requested:** \$ \_\_\_\_\_

**Branch Location:**  Syracuse  Watertown  Oneida  Oswego  Ogdensburg  Rome  Rochester

**Legal Entity Type:**  Corporation  Limited Liability  Partnership  Sole Proprietorship  Other: \_\_\_\_\_

**Company Type:**  Fortune 1000  Government/School  Small Business  Non-Profit  Religious Organization  Industrial  Other: \_\_\_\_\_

**Business Type:**  Construction-Single Home  Construction-Commercial  Repair/Remodeler  Electrician  Plumber  Hospital  Hotel/Motel  Government  Education  Manufacturing  Property Management  Other: \_\_\_\_\_

### Principle Owners, Partners or Officers

<b>Name:</b> _____	<b>Name:</b> _____
<b>Title:</b> _____	<b>Title:</b> _____
<b>Business Phone:</b> (____) _____-_____	<b>Business Phone:</b> (____) _____-_____
<b>Business Fax:</b> (____) _____-_____	<b>Business Fax:</b> (____) _____-_____

### Bank Information

<b>Bank Name:</b> _____	<b>Contact Name:</b> _____
<b>Address</b> _____	<b>Account Number:</b> _____
City: _____ State: _____ Zip Code: _____	<b>Business Phone:</b> (____) _____-_____
	<b>Business Fax:</b> (____) _____-_____

### Trade References *(Please Note: Failure to complete this section may result in delays processing your application):*

<b>Name:</b> _____	<b>Name:</b> _____
<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
<b>Business Phone:</b> (____) _____-_____	<b>Business Phone:</b> (____) _____-_____
<b>Business Fax:</b> (____) _____-_____	<b>Business Fax:</b> (____) _____-_____

<b>Name:</b> _____	<b>Name:</b> _____
<b>Account Number:</b> _____	<b>Account Number:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
<b>Business Phone:</b> (____) _____-_____	<b>Business Phone:</b> (____) _____-_____
<b>Business Fax:</b> (____) _____-_____	<b>Business Fax:</b> (____) _____-_____

Applicant warrants that the above information provided is true and authorizes City Electric Co., Inc. to conduct credit checks as required. Applicant agrees that in the event City Electric Co., Inc. hires an attorney to collect the account, it shall be entitled to recover reasonable attorney fees not to exceed one-third of the indebtedness in accordance with New York State Law.

**Signed:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I / We personally guarantee payment in full to City Electric Co., Inc. including any and all delinquency charges, collection costs, and attorney fees incurred as specified above and waive any presentment, demand, protest, and any other notice from City Electric Co., Inc., regarding this guarantee of payment.

**Signed:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_