



# KANSAS CITY ELECTRICAL SUPPLY CO.

4451 TROOST AVENUE  
KANSAS CITY, MO 64110-1791  
PHONE: (816) 924-7000  
FAX: (816) 931-2918

10900 MID AMERICA AVENUE  
LENEXA, KS 66219-1235  
PHONE: (913) 411-1111  
FAX: (913) 411-1111

**Fax to:**  
**913-563-7055**

## CREDIT APPLICATION

**PLEASE LEAVE BLANK** Rating: \_\_\_\_\_  
Credit Limit: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Salesman: \_\_\_\_\_ Date: \_\_\_\_\_

**B** \_\_\_\_\_  
**I** BUSINESS NAME  
**L** \_\_\_\_\_  
**L** ADDRESS  
\_\_\_\_\_  
**T** CITY, STATE, ZIP  
**O** \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

**S** \_\_\_\_\_  
**H** BUSINESS NAME  
**I** \_\_\_\_\_  
**P** ADDRESS  
\_\_\_\_\_  
**T** CITY, STATE, ZIP  
**O** \_\_\_\_\_

## BUSINESS FACTS

Proprietorship  Partnership  L.L.C.  Corporation \_\_\_\_\_  
UNDER STATE OF \_\_\_\_\_  
Prev. Business Name \_\_\_\_\_  
New Owner?  No  Yes Purchase Date \_\_\_\_\_ Length of Time in Business \_\_\_\_\_  
Describe type of business \_\_\_\_\_ Line of Credit Requested \_\_\_\_\_  
A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Is a statement required to be mailed to the customer?  Yes  No Purchase order number required?  Yes  No  
Are purchases taxable?  Yes  No If No, attach exemption certificate Federal I.D. No. \_\_\_\_\_  
Preferred delivery of invoices:  Mail  Fax No. \_\_\_\_\_  E-Mail address \_\_\_\_\_  
Preferred delivery of statements:  Mail  Fax No. \_\_\_\_\_  E-Mail address \_\_\_\_\_

Complete the following information for all Corporate Officers, Partners, or an Individual Proprietor.

NAME AND TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_  
NAME AND TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_  
NAME AND TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE NO. \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ DRIVER'S LICENSE NO./STATE \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS APPLICATION**

# BANKING

_____	OFFICER _____	FAX NUMBER _____
BANK NAME _____		
_____	(CHECKING) ACCOUNT NO. _____	(SAVINGS) ACCOUNT NO. _____
ADDRESS _____		
_____	(LOANS) ACCOUNT NO. _____	
CITY, STATE, ZIP _____		

## TRADE REFERENCES

We ask for a Fax Number so we may fax a Request for Information to your references.

NAME	ADDRESS (Include Zip Code)	ACCOUNT NO.	PHONE NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## AGREEMENT / RELEASE

I am authorized to make application for the business named above and certify that all information in this credit application is complete, factual and correct and understand that Kansas City Electrical Supply Co. will rely on the accuracy of this information for any credit that may be extended. Kansas City Electrical Supply Co. is hereby authorized to receive any information (including personal credit reports) and contact all parties listed herein to process this application.

Purchaser agrees to pay a service charge/late fee of 1 1/2% per month on all delinquent invoices and all attorney's fees and court costs that may be incurred by collection. Cash discount as shown on each invoice, will be earned if paid by the 10th of the following month.

Purchaser shall notify Kansas City Electrical Supply Co. by certified mail of any change of ownership of purchaser.

_____	TITLE _____	DATE _____
SIGNATURE _____		
_____	TITLE _____	DATE _____
SIGNATURE _____		

## PERSONAL GUARANTY

To induce Kansas City Electrical Supply Co. (KCES) to extend credit to the applicant and in consideration thereof, the undersigned, jointly and severally, hereby personally guarantee the prompt payment when due of any indebtedness which may, at any time and from time to time, be incurred by the applicant to KCES, its successors and assigns. In the event of any default at any time, KCES shall be entitled to immediately look to us, jointly and severally, for such payment, including the payment of any service charges, attorney's fees and court costs that may be incurred, without first making demand upon, giving notice to, or proceeding against the applicant.

This guarantee shall continue in full force and effect until KCES receives written notice of revocation by the under-signed guarantors. Such notice of revocation shall be ineffective as to any existing indebtedness or as to any transaction or commitment previously undertaken by KCES.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Signature \_\_\_\_\_ TITLE \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ TITLE \_\_\_\_\_ Spouse's Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax to: 913-563-7055