



Farmville Wholesale Electric Supply Co., Inc.

P.O. Box 525 301 West Third Street

Farmville, Virginia 23901

Phone: 434-392-8154 or 800-533-4086

Fax: 434-392-7086 Sales, -9505 Accounting

Email: rickn@fwesco.com Web: www.fwesco.com

Commercial Credit Application-Contract For New & Inactive (over 2 years) Accounts

(Businesses only to apply for a credit account. See attached cover letter for complete instructions. If your information does not fit in the space provided please attach an additional sheet to this form.)

Account Name: _____			
Billing Address: STREET or POST OFFICE BOX, CITY, ZIP+4 _____			
Physical Address(es): STREET, CITY, ZIP+4 (if multiple addresses please attach an additional sheet to this form) _____			
Phone #(s): _____		Mobile#(s): _____	
Fax #(s): _____		Email(s): _____	
Nature of Business: _____		Years in business: _____	
Organization: (check one) <input type="checkbox"/> Corporation, <input type="checkbox"/> LLC, <input type="checkbox"/> Non-Profit Corp, <input type="checkbox"/> Partnership, <input type="checkbox"/> Proprietorship, <input type="checkbox"/> Gov			
Federal I.D. Number: _____		<small>(Required if Corporation or if proprietorship or partnership SS#(s) below are required)</small>	
If Subsidiary, Name of Parent Corporation: _____			
Taxable: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no include "ST-" form or "SE" letter for our records</small> VA Tax ID#: _____			
Name of officers:	S.S. # <small>(Required for partnerships & proprietorships)</small>	Address	Tel #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Purchasing contact person:		ph:	em:
Accounts Payable contact person:		ph:	em:
Bank Reference: Bank name: _____		Account number(s): _____	
Branch address: _____		ph&fx#: _____	Officer: _____
Supplier references: (List suppliers with recent credit transactions for at least 6 months in the last 6 months)			
Name	City	Fax# or Email <small>(required for processing)</small>	Acct#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Invoice Delivery: check one <input type="checkbox"/> Email _____ @ _____ <input type="checkbox"/> Fax _____ - _____ - _____ <input type="checkbox"/> USPS			
Terms and conditions of sale: This document is void if this section is altered. <small>(State of Virginia & Federal Gov't accounts excepted)</small>			
In the event default is made in payment and the obligation is placed in the hands of an attorney for collection, or suit is brought on the same, or same is collected through bankruptcy or probate proceedings, then the undersigned agree that additional court costs and additional attorney fees amounting to 33-1/3% of the principal and interest then due hereon shall be added to the same as collection fees. The obligations and undertakings of each of the parties to this agreement shall be performable at 301 West Third Street, Farmville Virginia 23901.			
The undersigned business hereby applies for an open commercial account with Farmville Wholesale Electric Supply Co., Inc. and agrees to the terms and conditions of sales policy.			
We agree that payment in full is due within 30 days of the date of the invoice.			
WE ALSO AGREE THAT ALL INVOICES NOT PAID WITHIN 30 DAYS OF THE DATE OF INVOICE WILL BE CHARGED A FINANCE CHARGE OF 1-1/2% PER MONTH ON THE UNPAID BALANCE. ANNUAL PERCENTAGE RATE OF 18%.			
Signature:	Print Name:	Date:	Title: <small>(required, check one)</small> <input type="checkbox"/> Partner <input type="checkbox"/> Officer of corp. <input type="checkbox"/> Owner/Proprietor