



Cincinnati * Ft Wayne * Henderson * Indianapolis * Jackson * Louisville * Memphis * St Louis

CONFIDENTIAL CREDIT APPLICATION

COMPANY INFORMATION

DATE _____

NAME OF COMPANY _____

BILLING ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

ACCOUNTS PAYABLE CONTACT _____

TAX EXEMPT # _____ DUNS # _____

CORPORATION _____ PROPRIETORSHIP _____ PARTNERSHIP _____

YEARS IN BUSINESS _____ NATURE OF BUSINESS _____

P.O. REQUIRE YES NO APPLICANT SS# OR FEDERAL ID# _____

TAX EXEMPT CUSTOMERS MUST ATTACH PROPERLY EXECUTED EXEMPTION CERTIFICATE.

PRINCIPALS

NAME AND TITLE _____

ADDRESS _____

NAME AND TITLE _____

ADDRESS _____

NAME AND TITLE _____

ADDRESS _____

BANK INFORMATION

BANK NAME _____ CONTACT _____

ADDRESS _____

ACCT # _____ PHONE # _____

TRADE INFORMATION

COMPANY NAME _____ ACCT # _____

ADDRESS _____

PHONE _____ FAX _____ CONTACT _____

COMPANY NAME _____ ACCT # _____

ADDRESS _____

PHONE _____ FAX _____ CONTACT _____

COMPANY NAME _____ ACCT # _____

ADDRESS _____

PHONE _____ FAX _____ CONTACT _____

COMPANY NAME _____ ACCT # _____

ADDRESS _____

PHONE _____ FAX _____ CONTACT _____

CLARKE POWER SERVICES, INC. PAYMENT TERMS ARE NET 30 DAYS. FINANCE CHARGE OF 1 1/2 PER MONTH THAT AMOUNT TO 18% PER YEAR WILL BE ADDED TO ALL INVOICES NOT PAID IN 30 DAYS.

I UNDERSTAND AND ACCEPT PAYMENT TERMS STATED ABOVE AND AUTHORIZE INVESTIGATION OF STATMENTS CONTAINED IN THIS APPLICATION. IT IS UNDERSTOOD THAT ALL INFORMATION CONTAINED HEREIN WILL BE HELD IN THE STRICT CONFIDENCE.

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME AND TITLE _____

DO NOT WRITE BELOW THIS LINE

APPROVED _____ REJECTED _____ DATE _____ D&B _____ CREDIT LETTER MAILED _____

SIGNED _____