



Please return the completed and signed form to
payments@southlandelectrical.com

If you have any questions, please call:
1-800-476-1486

CREDIT APPLICATION

Company Name: _____

Sales Contact: _____

Credit Amount Requested: _____

BILLING ADDRESS	
ADDRESS 1:	_____
ADDRESS 2:	_____
CITY:	_____
STATE:	_____ ZIP: _____

SHIPPING ADDRESS	
ADDRESS 1:	_____
ADDRESS 2:	_____
CITY:	_____
STATE:	_____ ZIP: _____

TEL: () - - FAX: () - - EMAIL: _____

BUSINESS TYPE (CHECK ONE): CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP

PREMISES (CHECK ONE): OWNED LEASED DUN AND BRADSTREET DUNS _____

YEARS IN BUSINESS: _____ # OF EMPLOYEES: _____ FEDERAL TAX ID# _____

PARTNERS OR CORPORATION OFFICERS

NAME: _____	POSITION: _____	TELEPHONE: () - -
NAME: _____	POSITION: _____	TELEPHONE: () - -
NAME: _____	POSITION: _____	TELEPHONE: () - -

BANK REFERENCES

NAME: _____	TELEPHONE: () - -
ACCOUNT NUMBER: _____	STREET: _____
NAME: _____	TELEPHONE: () - -
ACCOUNT NUMBER: _____	STREET: _____

TRADE REFERENCES

NAME: _____	TELEPHONE: () - -
ACCOUNT NUMBER: _____	STREET: _____
NAME: _____	TELEPHONE: () - -
ACCOUNT NUMBER: _____	STREET: _____
NAME: _____	TELEPHONE: () - -
ACCOUNT NUMBER: _____	STREET: _____

I certify the above information is true.

I give Southland Electrical Supply Co. the right to check my credit references listed above.

Signature

Title

Date