



STEINER ELECTRIC COMPANY

Corporate Headquarters: 1250 Touhy Avenue, Elk Grove Village, Illinois 60007
847-228-0400 • 847-956-3175 Fax • www.steinerelectric.com

Date

Steiner Location

Steiner Account Manager

Credit Application

Type of Business: [] MRO/Industrial [] OEM [] Contractor [] Commercial [] Other

Charge / Bill To:

Company Name:

Address:

City: State: Zip:

Phone: Fax:

E-Mail Address:

Ship To:

Company Name:

Address:

City: State: Zip:

Phone: Fax:

E-Mail Address:

E-Mail Address where Statements and Invoices will be sent:

Parent Company, if Applicable (name and address):

SIC Code: D & B Number:

Special Billing or Shipping Instructions: [] Additional "Ship To" locations attached.

Principal Owners or Stockholders and Officers [] please attach a copy of current drivers license for each of the following individuals

Table with 5 columns: Name, Title, Home Address, Home Phone, Social Security Number. Two rows for listing individuals.

Credit References

Table with 3 columns: Company, Phone, Fax. Three rows for listing credit references.

Company legally established as a: [] Corporation [] General Partnership [] Limited Partnership [] Non-Profit Org. [] Limited Liability Co. (LLC)

[] Sole proprietorship doing business under an assumed name State in which organized

[] Company Taxpayer Identification no. Date Company Founded [] Financial Statement Attached

[] Please attach a copy of the Articles of Incorporation, Articles of Limited Partnership, and Articles of Limited Liability Company that were filed with the Secretary of State or the Assumed Name Certificate filed with the County Recorder.

Partial List of Authorized Buyers:

Accounts Payable Contact: Phone No.

[] Purchases are Tax Exempt? [] No [] Yes VALID TAX EXEMPTION CERTIFICATE ATTACHED State Sales Tax ID Number: State of:

If we do not have a valid Tax Exemption Certificate from you, we are required to charge sales/use tax on all your purchases. A Tax Exemption Certificate is not valid if any required information is missing or, if it is a Blanket Certificate, if it was issued more than three years ago. If you make a tax-free purchase from us and it is later determined, by a State or Local Department of Revenue, that the purchase was a taxable purchase, you agree to make payment to us of the appropriate sales/use tax, along with any applicable interest and penalties that we are assessed by the State or Local Department of Revenue.

www. Total Co. Annual Sales \$ No. of Employees Est. Annual Purchases with Steiner \$

Bank Information

Bank Name, Address, City, State, Zip Code, Bank Representative, Direct Phone, Account No., Do you have a line of credit? Yes No Credit line: \$ Available amount: \$ As of:

Confirmation of Information Accuracy and Release of Authority to Verify

The applicant certifies that all of the information on both sides of this credit application is true and correct and does not omit any material fact necessary to make the information given not misleading. The applicant acknowledges that the information included in this credit application will be relied upon by Steiner Electric Company ("Steiner") in determining the amount and conditions of credit to be extended.

Authorized Signature (Principal / Owner / Officer) Print Name Title Date

continued on back



Customer _____	Account # _____	Date _____
Address _____		Steiner Location _____
City _____	State _____	Steiner Account Manager _____

**Credit Application continued
Side 2**

1) Have any of the owners previously owned a business? Yes No If yes, what was the company name and what happened to it? _____

2) List major customers, and average days to pay: _____

3) List other electrical supplier references I) _____ Annual Purchases \$ _____
II) _____ Annual Purchases \$ _____ III) _____ Annual Purchases \$ _____

4) If customer is a contractor:

A) Current Primary Customer Base: residential commercial industrial low voltage other _____

B) Future Growth in the Following Markets: residential commercial industrial data com. other _____

C) Number of electricians: • Current _____ • Goal _____ within _____ Years

D) Is the owner: 1) an electrician working in the field 2) running the operations of the business 3) both

E) Where did the owner(s) learn their trade? _____

F) List and rate their relationships with general contractors _____

General Contractors	Average Days to Receive Payment After Submitting Pay Request	Number of Jobs Within Past 5 Years	Overall Relationship 1-Poor to 5-Excellent	Number of Times a Job was Liened

Comments _____

G) Is one person responsible for billing, collecting and payables? Yes No Name _____

H) Does contractor do tax exempt jobs? Yes No If Yes, **VALID TAX EXEMPTION CERTIFICATES MUST BE PROVIDED AT TIME OF ORDER.**

I) Will job accounts will be setup? Yes No If no, why not? _____

Steiner Management Review – For Internal Use Only

Credit Manager _____	Date _____
Signature _____ Approval/Denial _____	Suggested Credit Limit \$ _____
Comments _____	
CFO _____	Date _____
Signature _____ Approval/Denial _____	Suggested Credit Limit \$ _____
Comments _____	
President _____	Date _____
Signature _____ Approval/Denial _____	Suggested Credit Limit \$ _____
Comments _____	
Final Approval by: _____	Approved Credit Limit \$ _____ Code: _____
Additional Comments _____	
• Personal guarantee on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____	
• Current financial statement on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____	
• Current Dun & Bradstreet report? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____	