



Credit Application

Company Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____ Phone _____ Fax _____

Bill to address _____

Person responsible for payables _____ Phone _____

email address for payables _____

Website _____ Year Started _____

Type of Business _____ Federal Tax ID _____

Company Type: Corporation Partnership Individual Are purchases tax exempt? Yes No

Trade Reference 1

Trade Reference 2

Company Name _____ Company Name _____

City, State _____ City, State _____

Phone _____ Phone _____

Fax _____ Fax _____

Contact Name _____ Contact Name _____

Trade Reference 3

Bank Reference 1

Company Name _____ Bank Name _____

City, State _____ City, State _____

Phone _____ Phone _____

Fax _____ Fax _____

Contact Name _____ Contact Name _____

Person completing form _____ Title _____

Signed _____ Email _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

Payment terms are 2% 10 days, net 30 - Shipping terms are FOB Nokomis, IL

Please fax form to Accounting at (217) 563-8336 or email to accounting@ronkelectrical.com

106 E. State St. - P.O. Box 160 - Nokomis, IL 62075-0160

Ph. (217) 563-8333 - Fax (217) 563-8336 - accounting@ronkelectrical.com