



# Mick Electric Co., Inc.

3219 South Avenue  
Toledo, Ohio 43609  
(419) 385-6604  
(419) 381-2466 Fax

## CREDIT APPLICATION

The undersigned hereby applies for credit with **MICK ELECTRIC** and agrees to abide by the general terms and conditions of sale as printed on the reverse side as to any presently outstanding or future account balances.

Name/Company Name \_\_\_\_\_

d.b.a. \_\_\_\_\_

parent company/affiliated with: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_ digital/voice

Social Security or Federal ID #: \_\_\_\_\_

Date Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_  
(e.g. OEM, Industrial, Contractor, etc...)

Number of Employees: \_\_\_\_\_

Estimated Annual Purchases  
On This Account: \$ \_\_\_\_\_

Estimated Annual Sales Volume: \$ \_\_\_\_\_

Are You: (circle one)

Corporation      Partnership      Proprietor

Organization (specify) \_\_\_\_\_

Are You Sales Tax Exempt? Yes No (If yes, please call for a  
BLANKET CERTIFICATE OF EXEMPTION which **must** be on file.)

Have you ever had credit with us before? Yes No  
If yes, under what name? \_\_\_\_\_

### PURCHASING POLICY

We will accept orders from any representatives of your company who provide us with a Purchase Order Number and/or a Job Name, unless you instruct us otherwise in writing.

Purchase Order Number/Job Name required? Yes No

Number of copies of Invoices required: \_\_\_\_\_

### TRADE REFERENCES (Complete with Name, Address, Telephone and Fax number)

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____    | _____    | _____    |
| _____    | _____    | _____    |
| _____    | _____    | _____    |

### BANK REFERENCE

Name: \_\_\_\_\_

Account # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

*Please complete page 2  
(Unsigned applications will be returned)*

## GENERAL TERMS AND CONDITIONS

1. Credit terms are "cash discount 10th prox., net 25th". This means that you may take the cash discount amount indicated on the Invoice billed to you, if paid by the 10th of the month following the month in which the Invoice is billed.
2. All purchases become due net 25th, and if not paid are considered past due. Past due accounts will be placed on hold.
3. Interest of 1½ percent per month will be applied to all past due invoices.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. We reserve the right to review your account and credit history at will, and make adjustments to your credit limit.
5. If account should be in default, any and all costs of recovery, including attorney fees will be paid by Purchaser.
6. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories of each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

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## RELEASE OF INFORMATION

We hereby authorize our bank to release credit information to Mick Electric Co., Inc.

We also authorize Mick Electric Co., Inc. to make credit inquiries with Equifax, Dun & Bradstreet, and/or any other credit reporting agency or creditor.

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## SIGNATURES (All Principals or Officers)

I HAVE READ THE ABOVE, AGREE TO THE TERMS AND CONDITIONS AS STATED, AND HEREBY PERSONALLY GUARANTEE ANY DEBTS OWED TO **MICK ELECTRIC CO., INC.** BY PURCHASER. THE SIGNER ACKNOWLEDGES THAT THE INFORMATION PROVIDED HEREIN REGARDING PURCHASER'S FINANCIAL CONDITION WILL BE RELIED UPON BY **MICK ELECTRIC CO., INC.** TO DECIDE WHETHER TO EXTEND CREDIT TO PURCHASER.

	No. 1	No. 2	No. 3
Signature	_____	_____	_____
Date Signed	_____	_____	_____
Title	_____	_____	_____
Print Name	_____	_____	_____
Address	_____	_____	_____
City,State,Zip	_____	_____	_____
Soc. Sec #	_____	_____	_____
Date of birth	_____	_____	_____

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