



1247 Susie B. Ruffin Ave.  
 Laurel, Mississippi 39440  
 Phone: (601) 518-2121  
 Watts: (866) 597-4605  
 Fax: (601) 518-2125  
 sales@coastalelectric.com  
 www.coastalelectric.com

## Business Credit Application

Please fill in, sign and fax back to  
 (985) 868-2325

DATE _____
Coastal Electric of Mississippi, Inc. Acct. No.: _____
To be filled by Coastal Electric of Mississippi, Inc. only

LEGAL NAME OF APPLICANT		<input type="checkbox"/> INCORPORATED <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP		
TRADE NAME / dba		FEDERAL TAX I.D. NO.	RESALE CERTIFICATE NO.	EST. MONTHLY PURCHASE \$
BILLING / MAILING ADDRESS		NAMES OF PRINCIPALS AND TITLES		
CITY, STATE, ZIP CODE				
PHONE NUMBER	FAX NUMBER			
PERSON TO CONTACT FOR PAYMENT	PHONE NUMBER			
INDICATE PREFERRED INVOICING METHOD		PROVIDE EMAIL ADDRESS HERE		PROVIDE FAX NUMBER HERE
<input type="checkbox"/> U. S. POSTAL SERVICE (USING BILLING ADDRESS) <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX				

**AUTHORIZATION**    ARE YOU TAX EXEMPT?     YES     NO    IF YES, PLEASE PROVIDE EXEMPTION CERTIFICATE.

To induce Coastal Electric of Mississippi, Inc. to extend a line of credit for purchases under credit sales terms as stated on our invoices, we authorize Coastal Electric of Mississippi, Inc. to contact the references and banks listed below. We also understand that this information will be held in strict confidence and will be used solely for the consideration of extension of credit to us.

SIGNED	TITLE
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**BANK REFERENCES**

NAME OF BANK	STREET ADDRESS	CITY, STATE, ZIP CODE
ACCOUNT NO.	NAME OF CONTACT	FAX NO.
NAME OF BANK	STREET ADDRESS	CITY, STATE, ZIP CODE
ACCOUNT NO.	NAME OF CONTACT	FAX NO.

ARE ANY ASSETS OF THE COMPANY PLEDGED AS SECURITY FOR DEBT?     YES     NO

**MAJOR TRADE REFERENCES**

NAME OF COMPANY	FAX NUMBER OR E-MAIL ADDRESS	CITY, STATE, ZIP CODE
1 _____		
2 _____		
3 _____		
4 _____		

**FINANCIAL INFORMATION**

FINANCIAL STATEMENT AS OF (FISCAL) YEAR END, DATED \_\_\_\_\_ IS,  ATTACHED OR  EXCERPTED BELOW:

CURRENT ASSETS	\$	CURRENT LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$
ANNUAL SALES	\$	AFTER TAX PROFIT (LOSS)	\$



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Please indicate desired credit amount \$ \_\_\_\_\_

**THE UNDERSIGNED SUBMITS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND AS CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT REPRESENTS AND/OR AGREES AS FOLLOWS:**

- 1. All the information submitted in the application is true and correct to the best knowledge, information and belief of the applicant.**
- 2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Coastal Electric of Mississippi, Inc.**
- 3. If credit is extended, the undersigned personally and unconditionally guarantees payment of all invoices, service charges, and costs of collection, according to the Credit Policies below.**

Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Coastal Electric Supply of Mississippi, Inc.

Date \_\_\_\_\_

Owner/Officer Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name \_\_\_\_\_

Print Address \_\_\_\_\_

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

### **Credit Policies**

Invoices are expected to be paid in full according to their terms.  
Our terms are normally Net 30 Days

A service charge of 1-1/2% per month (18% APR)  
will be charged on any past due balance.

Applicant will be responsible for all costs of collection, including court costs and reasonable attorney and/or collection agency fees, should it become necessary to refer the account for collection.