



Application for Credit

Name:		Email address:
Home Phone:	Business:	Fax:
Physical Address:		
Mailing Address:		
Year Business Established:		Amount of Credit Requested:
Corporation ___	Partnership ___	Individual ___ Social Security #
Tax ID Number (If tax exempt, please include copy of your tax exempt form)		
Please List all Corporate, Principals, or Partners:		
President:	Secretary:	Treasurer:
Partner:	Partner:	
Bank Reference:		Account number:
Business Reference 1:		Phone:
Business Reference 2:		Phone:

If Credit is approved, all invoices must be paid fully within 30 days of date of invoice or the credit line may be revoked in the sole discretion of Stokes. Customer agrees to pay a service charge of 1.5% per month or the highest rate allowed by law (whichever is lesser), from the due date of each invoice to the date of payment. In the event the customer's account is placed for collection, the parties shall be governed by and interpreted in accordance with the laws of the state of Pennsylvania, state or federal, to determine any controversy arising in the dealings.

Applicant hereby agrees to said terms and conditions:

Name of Corporation: _____

Name of Partnership: _____

Signature: _____ Position: _____ Date: _____

Stokes Electrical Supply Co., Inc. 3401 Northwood Avenue, Easton, PA 18045

Ph: 610.258.7206 Fx: 610.258.3246