



871 South Broad Street
 Mobile, AL 36603
 Phone: (251) 432-0644
 Watts: (866) 432-0644
 Fax: (251) 432-0646
 sales@coastalelectric.com
 www.coastalelectric.com

Business Credit Application

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

DATE _____
Coastal Electric of Alabama L.L.C. Acct. No.: _____
To be filled by Coastal Electric of Alabama, L.L.C. 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.
BILLING / MAILING ADDRESS		EST. MONTHLY PURCHASE \$	
CITY, STATE, ZIP CODE		NAMES OF PRINCIPALS AND TITLES	
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 Alabama, L.L.C. to extend a line of credit for purchases under credit sales terms as stated on our invoices, we authorize Coastal Electric of Alabama, L.L.C. 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 the 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 Alabama, L.L.C.
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 of Alabama, L.L.C.

Date _____

Owner/Officer Signature _____

Print Name _____

Print Address _____

Title _____

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.