



CONFIDENTIAL CREDIT APPLICATION

Please complete in full and return to our Credit Department. An incomplete application may delay any decision
1225 South Johnson Drive / City of Industry, CA 91745 / Phone: 626-965-5040 / Fax: 626-965-0542

TODAY'S DATE: _____ AMOUNT OF CREDIT REQUESTED: \$ _____

BUSINESS / CORPORATE NAME: _____ DBA (TRADE STYLE): _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

B&K Electric Wholesale prefers to send all invoices and statements via E-Mail. Please insert the E-Mail address that we should forward these documents directly to.

AUTHORIZED PURCHASERS: (1) _____ (2) _____

(3) _____ PURCHASE ORDER # REQUIRED: () YES () NO

() CORPORATION () PARTNERSHIP () LIMITED PARTNERSHIP () PROPRIETORSHIP

DATE BUSINESS WAS ESTABLISHED: _____ LINE OF BUSINESS: _____

STATE OF INCORPORATION: _____ CONTRACTORS LICENSE #: _____

OFFICERS / PRINCIPALS:

NAME: _____ TITLE: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ TITLE: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ TITLE: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CREDIT REFERENCES:

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

BANK INFORMATION:

NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ LOAN OFFICER: _____

CHECKING ACCOUNT #: _____ SAVINGS ACCOUNT #: _____

