

**HEIN ELECTRIC SUPPLY COMPANY**

12745 W. Townsend Str  
Brookfield, WI 53005  
(262) 790-8400 Fax (262) 790-5555

**APPLICATION FOR OPEN ACCOUNT**

This application is covered by the Equal Credit Opportunity Act,  
its amendments and Regulation B. Business credit will not be denied  
because of age, marital status, sex, race, religion or national origin.

**GENERAL INFORMATION:**

Legal Business Name \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Telephone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
(Check One) \_\_\_\_\_ Corporation / Include Federal Tax ID Number \_\_\_\_\_  
\_\_\_\_\_ Individual / Include Social Security No. \_\_\_\_\_  
\_\_\_\_\_ Partnership / Include Social Security or ID Number \_\_\_\_\_

**Date Business Established** \_\_\_\_\_ **Type of Business** \_\_\_\_\_ Is PO# required? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you wish to pay by credit card, please complete.** Credit Card Authorization:

I hereby authorize Hein Electric Supply Company to charge the following credit card to pay for products rendered from said company.

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
**3 Digit Security Code from back of Card** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name of Authorized Person & Title (Please print or type) \_\_\_\_\_

**PRINCIPALS / OFFICERS / CONTACT PEOPLE:**

Owner \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
President \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
CFO / Controller \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Were any principals in business before? Yes \_\_\_ No \_\_\_ If yes, answer the following questions

Business Name \_\_\_\_\_ Reason for discontinuing business \_\_\_\_\_

**BANK / TRADE REFERENCES:**

Bank Name \_\_\_\_\_ Address \_\_\_\_\_  
Contact \_\_\_\_\_ Acct No's. \_\_\_\_\_ Telephone \_\_\_\_\_

\*\*\*\*\***We must have fax numbers for all trade references. We cannot process this application without them.**\*\*\*\*\*

Supplier Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Address City, State, Zip \_\_\_\_\_

Supplier Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Address City, State, Zip \_\_\_\_\_

Supplier Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Address City, State, Zip \_\_\_\_\_

**Please continue on the reverse side, this application must be completed in full and signed before processing.**

For Office Use Only		
Date	Approved By	Classification
Acct #	Limit	Sales Rep

**EXEMPTIONS:**

Are you sales tax exempt? \_\_\_\_ Yes \_\_\_\_ No **If you are exempt from Wisconsin sales tax, please include a tax exemption certificate, completed and signed, with this application.**

**FINANCIAL INFORMATION: Complete information below, or attach copy of most recent financial statement.**

<u>ASSETS</u>	<u>LIABILITIES</u>
Cash on Hand & In Bank _____	Accounts Payable _____
Accounts / Notes Receivable _____	Notes Payable _____
Inventory (Present Cost) _____	Accrued Taxes _____
Net Fixed Assets _____	All Other Liabilities _____
All Other Assets _____	_____
_____	_____
TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____

**TERMS OF SALE AND PERSONAL GUARANTY:**

To induce HEIN ELECTRIC SUPPLY COMPANY to extend credit for purchases under credit sales, I/We agree to pay under the terms stated on each invoice. I/We agree to pay service charges at a rate of 1-1/2% per month (18% APR) for any invoice more than 30 days past due. HEIN ELECTRIC SUPPLY COMPANY reserves the right to place accounts on hold if aging balance is 30 or more days old. Guarantor (s) further agrees to pay all expenses, including expenses of court costs, interest and attorney's fees paid or incurred by HEIN ELECTRIC SUPPLY COMPANY.

This Guaranty shall be enforceable before or after proceeding against Applicant(s) or simultaneously therewith, and without resort to any security. The incorporation, merger, or sale of Applicant(s), business shall not terminate this Guaranty, and the Guaranty shall continue as to any credit extended such other entity.

This Guaranty shall continue in force until notice in writing of termination sent by registered or certified mail, return receipt requested, is received by HEIN ELECTRIC SUPPLY COMPANY. This notice is to specify the date on which the Guaranty is to be terminated.

I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary.

Guarantor Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to Release Bank Information**

This is authorization to release information to HEIN ELECTRIC SUPPLY COMPANY, for the purpose of supporting the Credit Application and establishing open credit. This information will be held in strict confidence.

Authorized Signature **X** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Account Name Per Bank Records \_\_\_\_\_ Account Number/s \_\_\_\_\_

***This application cannot be processed without authorized signatures (above X's). Completion of this credit application can be mailed or faxed to our Credit Department. All associates of Hein Electric Supply Company thank you for allowing us to serve you.***