



**ROBINSON
ELECTRIC**

E S T A B L I S H E D 1 9 5 3

P.O. Box 236
Cleveland, MS 38732
T: 662-843-3978
F: 662-843-6217
www.robinsonelectric.biz

For the purpose of establishing credit with you the following information is required:

Applicant's Firm Name

Physical Address	City	State	Zip Code	Phone #
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Billing Address	City	State	Zip Code	E-Mail Address
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Type of Business	License # or Resale #	Date Started or Incorporated
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Individual: _____ (Owner)

Partnership: _____ (Partner)

Corporation: _____ (President)

_____ (V.President)

_____ (Secretary)

_____ (Treasurer)

In consideration for the extension of credit by Robinson Electric Co. Inc. which may from time to time be given to applicant, applicant consents to the jurisdiction of the Courts of the State of Mississippi and/or the U.S. District Court of Mississippi for the resolution of any and all disputes that may arise in connection with applicant's account with Robinson Electric Co. Inc. It is specifically agreed that applicant's obligation to make payment is **within 30 days** of the date of the invoice and that any payment not paid within 30 days of the invoice will be deemed past due and payable at the request of Robinson Electric Co. Inc. at their office of legal representation. In the even of a default in payment of applicant's account with Robinson Electric Co. Inc., Robinson Electric Co. Inc. shall be entitled to all costs incurred in the collection of applicant's outstanding balance including, but not limited to, attorney's fees as permitted by law.

By: _____ Title: _____ Date: _____

I/We personally guarantee the timely payment for all materials and labor purchased by the above described firm, and further represent that neither the above applicant, nor the undersigned, as of the date of execution of this guarantee, has ceased paying it/his debts in the ordinary course of business or affairs, that it /he can pay its/his debts as they become due, and that it/he is solvent as defined by the Federal Bankruptcy Act.

By: _____ Date: _____

Please list 4 credit references that you currently do business with?

1) Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact: _____

Your Acct. # with Reference: _____

2) Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact: _____

Your Acct. # with Reference: _____

3) Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact: _____

Your Acct. # with Reference: _____

4) Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact: _____

Your Acct. #With Reference: _____

We have bank accommodations with the following associations:

1) _____

Bank Name (Branch)	Street Address	City	State	Zip
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Account Numbers: General Business Account: _____

Commercial Savings: _____

Name of Account: _____

A letter of credit from your bank must be returned with this application.

By: _____ Date: _____

Title