

NEW ACCOUNT FORM

Please complete BOTH PAGES of this form including all mailing addresses and telephone numbers.
*INDICATES REQUIRED FIELDS

Company Name and Address	* Shipping Address (if different)		
Phone:	Fax:		
Are you a corporation? ☐ Yes ☐ No If no, required *Owner's Name:	E-Mail:		
*Owner's Address:*Social Security #:	*Type of Business:		
*Date of Birth:	References		
*#1	_ Phone:		
*#3	_ Phone:		
Bank Reference:	Account #:		
Bank Acct. Officer:			
AP CONTACT			
AP Contact NamePhone:	*How do you want your invoices delivered? □ E-Mail □ Fax □ Mail		
Fax:E-Mail:	* Do you want a statement? Yes No (Please Check One)		
Stokes Electric Company P.O. Box 2503 Knoxville, TN 37901	* If yes, how? □ E-Mail □ Fax □ Mail		
Ph: (865) 525-0351 Fax:(865) 637-8116	*Initial Anticipated Monthly Purchase:		

CREDIT AUTHORIZATION POLICY							
necessary inquires with the above named are due net 10 th of the month following be considered "past due". The past due percent (1.5%) per month, annual percencessary to collect monies due will be act that the credit application will be processer, in the event a dispute should	epresentative authorizes Stokes Electric Company to make the d sources to open an account. It is further understood that terms purchase(s) and that unpaid balances thirty (30) days or older will be balances will be assessed a finance charge of one and one half entage rate eighteen percent (18%). Any legal or collection fees dded to the account balance. The Applicant for credit acknowledges ssed in Knoxville, Tennessee, and consents to venue in Knoxville, arise on an open account established with Stokes Electric Company. ally obligating all credit purchases with Stokes Electric Company.						
	all debts incurred by the above company, by my representatives signing not only in my business capacity, but individually in						
the above matter.	signing not only in my business capacity, but marvidually in						
	equired (Includes COD Account)						
Company Name:							
Signature:	Printed Name:						
Individual:	Date:						

Signature:	Printed Name	e:
Individual:		
CREDIT REPO	ORT AUTHORIZATI	ON
	d for New Business	
The undersigned hereby consent(s) to Stokes Elect the undersigned in order to further evaluate the creand/or guarantor(s) in connection with extension of the undersigned hereby authorize(s) Stokes Elect undersigned from time to time in connection with the by this credit application. The undersigned as (an) credit report consistent with the Federal Fair Credit report consistent with the Federal Fair Credit reports.	ric Company use of a nadit worthiness of the ure of business credit as certical Company to utiline extension or continual individual(s) hereby kereby	ndersigned as principal(s), proprietor(s) ontemplated by this credit application. ize a consumer credit report on the ation of the business credit represented nowingly consent(s) to the use of such
Principal/Proprietor/Guarantor	Date	SS#
SALES TAX EXE	EMPTION CERTIFI	CATE
The undersigned hereby certifies that all merebe exempt from Sales and Use Tax by reason of □For Resale - Must provide sales tax license of □For Industrial Processing □Exempt Charitable, Religious, or Educational Institution Copy of 501 (C) Required □Other	of the following: opy □Sales Tax Nu	, ,
The certificate shall be considered a part of eac order form. In the event any of your purchase agrees to reimburse Stokes Electric Company	es are subsequently l	neld to be taxable, the undersigned

INTERNAL USE ONLY							
ELEC: BY	CC	PC	SM	CREDIT LIMIT DATE			

Title

Date_

certificate shall remain in effect until revoked in writing by either party. **EXPIRES**: 4 YEARS

Company Name_

Authorized Signature_____