

# Electric Motor Specialists, Inc.

2685 Boston Ave. San Diego, CA 92113  
(619) 238-0183P (619) 238-7052F



## Application for Credit

### **Business Information**

Account Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

President/Owner: \_\_\_\_\_ Treasury/Controller: \_\_\_\_\_

Type of Company:  Individual  Partnership  Private Corp.

Resale No.: \_\_\_\_\_ Duns No.: \_\_\_\_\_

### **Contact Information**

Names and titles of principal officer of the business: \_\_\_\_\_

Name of individuals that may be contacted for billing/payment inquiries: \_\_\_\_\_

### **Business/Trade References**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_

**Banking Information**

Name of bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_  
Contact Name(s): \_\_\_\_\_

**Agreement**

1. All invoices are to be paid 30 days from the date of original invoice.
2. Claims arising from invoices should be made within 7 working days.
3. By submitting this application you authorize Electric Motor Specialists, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Application submitted by: \_\_\_\_\_  
Title: \_\_\_\_\_ Date of application: \_\_\_\_\_

**For Internal Office Use Only**

Estimated credit line: \_\_\_\_\_ Credit amount authorized: \_\_\_\_\_  
Application approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_