

## **Credit Information Application**

| Date:                |   |
|----------------------|---|
| Name of Comp         | pany:   |
| Location Infor       | mation Finance Contact Information            |
| Street:              | Name:   |
|                      | Telephone:                                    |
| City:                | Fax:  |
| State:               | Mobile Phone:                                 |
| Zip code:            |   |
| County:              | Email:  |
| Country:             | Website:                                      |
| Godina y.            |   |
| Business Infor       | mation  |
| Type of Business:    | Are You Tax Exempt:                           |
| # Years in Business: | Federal ID #:                                 |
|                      | *A Copy of Exemption Certificate is Required* |

# **NEED COPY OF SALES TAX CERTIFICATE FROM BILL TO SHIP TO STATES**

|                                  | Name | s of Officers/Owners |  |
|----------------------------------|------|----------------------|--|
| Name:                            |      | Street:              |  |
| Title:                           |      | City:                |  |
| % of Ownership:                  |      | State/Zip:           |  |
| Social Security #:               |      | Home Phone:          |  |
| Accounts Payable Email REQUIRED: |      |                      |  |



| Legal/Financial     |   |                  |        |  |
|---------------------|---|------------------|--------|--|
| Pending Litigation: |   | If Yes, Details: |        |  |
|                     | _ |                  |        |  |
| Bankruptcy Filed:   |   | If Yes:          | Date:  |  |
|                     | _ |                  | City:  |  |
|                     |   |                  | State: |  |

| Credit/Trade References |  |                        |  |
|-------------------------|--|------------------------|--|
| Name:                   |  | Acct #. If Applicable: |  |
| Address:                |  | City, State, Zip:      |  |
| Contact Person:         |  | Email:                 |  |
| Name:                   |  | Acct #. If Applicable: |  |
| Address:                |  | City, State, Zip:      |  |
| Contact Person:         |  | Email:                 |  |
| Name:                   |  | Acct #. If Applicable: |  |
| Address:                |  | City, State, Zip:      |  |
| Contact Person:         |  | Email:                 |  |
| Name:                   |  | Acct #. If Applicable: |  |
| Address:                |  | City, State, Zip:      |  |
| Contact Person:         |  | Email:                 |  |



### **JPMorgan Chase Payments Methods**

#### International Wire Payment

G & W Electric Company JPMorgan Chase Bank, N.A. New York, NY U.S.A. Swift Code: CHASUS33 ABA/IBAN: 021000021

Acct. No. 886353572 - USD Account

Bank information for Domestic Wire Transfers.

JP Morgan Chase Bank NA New York, NY ABA No. 021000021 G & W Electric Company Acct No. 886353572

ACH Payment ABA # 071000013 Account # 886353572

Federal ID: 36-1113440

DUNS: 00-507-6625

NAICS NO.: 335313

GST NO.: R13814053

G & W Electric Company Account: 886353572

Cage Code: 23847



#### **Acknowledgement**

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with G & W Electric Company. The undersigned understands that G & W Electric Company is relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that the information will be considered as continuing to be true and correct until a written notice of change is given to G & W Electric Company by the undersigned. You are authorizing G & W Electric Company to make all inquiries deemed necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of Illinois law, under jurisdiction of the State of Illinois Courts.

NOTE: It is understood by signed this application I am acknowledging and accepting that a service charge will be added to the past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all cost of collection, including attorney fees. Merchandise may not be returned without prior authorization of G & W Electric AfterMarket Support Department.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

| Date: .     |  |
|-------------|--|
|             |  |
| Signed:     |  |
| 0.6.1.0.1.  |  |
| Print Name: |  |
|             |  |
| Title:      |  |