

# REVCO<sup>®</sup> inc.

LIGHTING + ELECTRICAL SUPPLY  
P.O. Box 1539, Southampton, NY 11969

Dear Customer,

The enclosed credit application must be filled out entirely in order for it to move quickly through the processing phase. Please note the following while filling out your application:

1. The business address under "Business Information" must be the physical address.
2. The "Information for Proprietor, Partners or Officers" section needs to be filled out.
3. Please provide the phone number of your local bank branch, no 800 numbers please.
4. Please sign the guarantee of payment on both sets of lines at the end of this application.

To return your completed credit application, please choose one of the following delivery methods:

- By mail:  
REVCO Lighting and Electrical Supply, Inc.  
Attn: Credit Department  
P.O. Box 1539  
Southampton, NY 11969-1539
- By fax:  
631-283-0568
- By e-mail:  
[jeanette@revcoelectric.com](mailto:jeanette@revcoelectric.com)

If there are any questions, please feel free to call us at 631-283-3600.

Sincerely,

Revco Lighting and Electrical Supply, Inc.

360 County Road 39A Southampton, NY 11968  
403 Griffing Avenue Riverhead, NY 11901  
50 Gingerbread Lane East Hampton, NY 11937  
55765 Main Road Southold, NY 11971  
323B Route 25A Miller Place, NY 11764

T. 631-283-3600 F. 631-283-0568  
T. 631-369-1900 F. 631-369-1904  
T. 631-329-4600 F. 631-329-2429  
T. 631-765-6600 F. 631-765-3730  
T. 631-509-6340 F. 631-509-6344



LIGHTING + ELECTRICAL SUPPLY  
P.O. Box 1539, Southampton, NY 11969

Phone: 631-283-3600

Fax: 631-283-0568

### CREDIT APPLICATION

#### BUSINESS INFORMATION:

Name of Business: \_\_\_\_\_

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

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

Type of Business (Check One): Corporation \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ Self \_\_\_

Tax/Federal ID#: \_\_\_\_\_ Year Established: \_\_\_\_\_

If Incorporated: State of Incorporation: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Last Year Gross Sales: \$ \_\_\_\_\_

Business Property (Check one): Leased \_\_\_ Owned-Mortgage held by: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Billing email: \_\_\_\_\_ Invitation email: \_\_\_\_\_

Electrician's License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Have you filed business or personal bankruptcy within the last 5 years?

Yes: \_\_\_ No: \_\_\_ If Yes Date \_\_\_\_\_ Explain: \_\_\_\_\_

Has a tax lien been filed against your company or individual owners in the last 5 years?

Yes: \_\_\_ No: \_\_\_ If Yes, Date \_\_\_\_\_ Explain: \_\_\_\_\_

#### BILLING INFORMATION:

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

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

Accounts Payable Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tax Status (Check one): Taxable: \_\_\_ Exempt\* \_\_\_

**\*ATTACH APPROPRIATE SIGNED CERTIFICATE\***



INFORMATION FOR PROPRIETOR, PARTNERS OR OFFICERS

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ (Check one) Owned: \_\_\_\_\_ Rented: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ (Check one) Owned: \_\_\_\_\_ Rented: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ (Check one) Owned: \_\_\_\_\_ Rented: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

# REVCO<sup>®</sup>

inc.

## LIGHTING + ELECTRICAL SUPPLY

P.O. Box 1539, Southampton, NY 11969

### BANK REFERENCE:

Name of Bank: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ Account Type: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ Account Type: \_\_\_\_\_

### TRADE REFERENCES:

#### Contact 1

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

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Contact 2

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

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

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

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Contact 3

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

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

CREDIT NEEDS (Check one) special project: \_\_\_\_\_ ongoing account: \_\_\_\_\_

**OUR AGREED CREDIT TERMS ARE:**

- I. Payment is due in accordance with the terms of sale as shown on our invoice,  
(Terms are 1% discount if payment is received by the 10th of the month/Net due on the 25th)
- 2. A service charge of 2% per month will be imposed on all past due balances.
- 3. Purchaser will be held responsible for payment of all attorneys fees and court costs on all due accounts placed for collection with an attorney.

**GUARANTEE OF PAYMENT:**

The undersigned agrees that should credit be granted from *Revco Lighting and Electrical Supply, Inc* to the above mentioned credit applicant, the undersigned will be responsible for all invoices presented. Accounts are due and payable in accordance with the terms stated, It is understood that the undersigned will pay all cost of collection, including reasonable attorney's fees of thirty three and one third percent. The account is payable to *Revco Lighting and Electrical Supply, Inc*. I (we) certify the information provided on this application to be true and accurate.

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

In consideration of your company, its affiliates or subsidiaries, selling various products and/or services to the credit applicant(s), I (we) the undersigned unconditionally, jointly and/or severally guarantee and my-self (ourselves) personally responsible to your company and/or your successors or assignees for the performance and payment, when due, of all sums that may, for any reasons or purpose, be duo or become due to you from the various products and/or services from your company, whether evidence by open account, promissory note or any other form of indebtedness. I (we), hereby waive notice of acceptance hereof of amount of sales, date of shipment or delivery, and default in payment, protest or notice or protestor any notice of any other evidences of indebtedness and notice of non-payment thereof, I (we), further waive all requirements of legal proceedings that could have been taken against purchaser. Upon demand from you, I (we) will pay you immediately any and all sums due or to become due in event of default by purchaser. Should legal action be instituted against purchaser, I (we) agree to pay any and all late fees, costs of collection and reasonable attorneys fees of thirty three and one third percent. Any release of purchaser from obligation shall not release me (us) except to the extent of payment received by you from purchaser in consideration for release, I (we) intending to be legally bound, have signed this personal guarantee on the date written,

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Signature Title Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



**Bank Account Inquiry Authorization**

To whom it may concern,

I hereby give permission to release basic information regarding my bank accounts to REVCO Lighting and Electrical Supply, Inc. The information provided by my banking institution is for the express purpose of REVCO Lighting and Electrical Supply, Inc.'s Credit Department use.

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

Print Name \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

360 County Road 39A Southampton, NY 11968 403  
 Griffing Avenue Riverhead, NY 11901 50  
 Gingerbread Lane East Hampton, NY 11937 55765  
 Main Road Southold, NY 11971  
 323B Route 25A Miller Place, NY 11764

T. 631-283-3600 F. 631-283-0568  
 T. 631-369-1900 F. 631-369-1904  
 T. 631-329-4600 F. 631-329-2429  
 T. 631-765-6600 F. 631-765-3730  
 T. 631-509-6340 F. 631-509-6344

# REVCO<sup>®</sup>

inc.

## LIGHTING + ELECTRICAL SUPPLY

P.O. Box 1539, Southampton, NY 11969

Dear REVCO Customers,

## HELP...

**us protect you...** From time to time we try to update our purchasing records, for your protection and for ours as well. If you would, please let us know whom within your company is authorized to make REVCO purchases. Please fax this form to 631- 2830568; Attention A/R, or e-mail [to ar@revcoelectric.com](mailto:to_ar@revcoelectric.com). Thank you very much for your help with this!

\*Authorized purchasers include:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

We will allow your agents (persons listed above) to purchase from us on your behalf indefinitely, or until you state otherwise in writing. Please let us know immediately, when you make any changes to your authorized purchasing staff, to protect you from the possibility of fraudulent purchasing.

Company Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Authorized Company Representative Signature: \_\_\_\_\_

Print Name \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you very much for your help and we look forward to enjoying continued success with you.

Sincerely,

REVCO Lighting and Electrical Supply, Inc.

**REVCO**<sup>®</sup>  
inc.  
LIGHTING + ELECTRICAL SUPPLY  
P.O. Box 1539, Southampton, NY 11969

Dear Customer,

In our effort to save energy and resources, Revco's bills are delivered electronically. Please provide your e-mail address in the space provided and check off which documents you would like to receive.

Thank you!

\_\_\_\_\_ Invoices

\_\_\_\_\_ Statements

\_\_\_\_\_ Newsletters

\_\_\_\_\_ General Announcements

E-mail Address: \_\_\_\_\_

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

360 County Road 39A Southampton, NY 11968 403  
Griffing Avenue Riverhead, NY 11901 50  
Gingerbread Lane East Hampton, NY 11937 55765  
Main Road Southold, NY 11971  
323B Route 25A Miller Place, NY 11764

T. 631-283-3600 F. 631-283-0568  
T. 631-369-1900 F. 631-369-1904  
T. 631-329-4600 F. 631-329-2429  
T. 631-765-6600 F. 631-765-3730  
T. 631-509-6340 F. 631-509-6344