

Pioneer Electric Supply Co. Inc.
P.O. Box 348
405 Allegheny Blvd.
Franklin, PA. 16323

Phone: (814) 437-1342
Fax: (814) 432-7818
www.pioneerelec.com

Credit Application

FIRM NAME: _____

Applicants Name: _____

MAILING ADDRESS:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____ Contact: _____

SHIP TO ADDRESS:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____ Contact: _____

BANK REFERENCE:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____ Contact: _____

TRADE REFERENCE – Please list three. (We cannot use major credit cards as references)

1.)
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

2.)
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

3.)
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

Credit limit requested \$ _____

I hereby certify that the above information is true and correct, and agree to payment terms of 2% 10 net 30 or net 30.
All unpaid balances will be charged 1 ½% per month service charge.

Signature _____ Date _____

Print Name: _____