

**FRESNO BRANCH**

253 FULTON ST.-FRESNO, CA. 93721
(559)650-1153 - (559)650-1111 (FAX)

VISALIA BRANCH

8242 W. DOE AVE VISALIA, CA 93291
(559)651-8450-FAX(559)651-8454

NAME OF COMPANY: _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

TELEPHONE NO. _____ FAX. NO. _____

FED I.D. NO. _____

RESALE NO. _____

(Please attach resale certificate to application)

PRINCIPLE OWNER _____

NATURE OF BUSINESS _____

PURCHASE ORDERS REQUIRED ? YES / NO

BANK NAME _____

Checking acct# _____ Savings acct# _____

BANK ADDRESS _____

BANK TEL NO. & CONTACT _____

TRADE REFERENCES

NAME OF COMPANY _____

ADDRESS _____

TELEPHONE NO. _____ **required**
FAX _____

NAME OF COMPANY _____

ADDRESS _____

TELEPHONE NO. _____ **required**
FAX _____

NAME OF COMPANY _____

ADDRESS _____

TELEPHONE NO. _____ **required**
FAX _____

EMS Account Manager: _____ **CONTACT #.** _____

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PLEASE FILL OUT COMPLETELY.
FAX NUMBERS WILL EXPEDITE PROCESSING YOUR REQUEST.
PLEASE RETURN TO FAX NO. (559)650-1111



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TERMS:

Information requested is for the Company use only and will be kept confidential within the Credit Department. All spaces on the credit application must be completed. Your corporation in providing this information will enable us to properly evaluate your request.

Credit is subject to approval upon receipt of completed credit application. All orders will be Net 30 days from date of invoice. Any resulting contract or order shall be governed by, construed and enforced in accordance with the laws of the State of California. Any litigation concerning such contract or order shall be brought in the courts of the State of California and Buyer hereby consents to the jurisdiction of said courts. Invoices will be issued as of the date of shipment. Invoices are due and payable in lawful money of the United States of America per terms thereon.

The information and statements in this application are true and complete and are made for the purpose of inducing you to establish and open line of credit. You are hereby authorized to obtain any information you consider necessary from any source concerning the statements on this application.

In consideration of and in order to induce you to establish and open account line of credit based on the foregoing application, the undersigned promises to pay for all contracts, purchases and/or service calls in accordance with your terms of sale and agrees to pay a service charge not to exceed 1.5% per month or 18 % per annum on any amounts that are more than 30 days delinquent. If at any time, for any reason, the undersigned is unable to pay for said purchases when due and in the event it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement or any portion thereof, the undersigned promises to pay such additional costs, charges and expenses including all attorney's fees, costs and interests on past due sums if the account is placed in the hands of an attorney for collection.

Should there be any change in legal status of this business, it is agreed that the Company will be notified in writing within five business days of the change.

APPLICANT: Company Name: _____

Officer's Signature: _____

Name Signed Above (Type or Print) _____

Date: _____ Title _____

RESALE CERTIFICATE

FIRM NAME _____

I HEREBY CERTIFY,

That I hold valid seller's permit No. _____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling

that the tangible personal property described herein which I shall purchase from:

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased: _____

Dated: _____ Signature _____

At _____ By and Title _____

Phone _____ Address _____

**Electric Motor Shop, Inc.
d.b.a. Electric Motor & Supply**

APPLICATION FOR CREDIT

Unlimited Guarantee

FOR GOOD and VALUABLE CONSIDERATION,
and as an inducement for Electric Motor Shop, Inc. (hereinafter referred to as “EMS”) to extend credit to _____ ,
(hereinafter referred to as the “Company”) the undersigned jointly, severally, and unconditionally personally guarantee to EMS the prompt and full payment of all sums now or hereinafter due EMS from the Company, including interest/service charges. In the event suit is instituted to collect amounts owing to you, and a judgment is rendered in your favor, I/we agree to pay court costs and reasonable attorney or collection fees.

The undersigned individually and personally agree to remain fully bound on this guarantee notwithstanding any extension, forbearance, or waiver, or discharge or substitution of any collateral or security for the debt. In the event of default, EMS may seek payment directly from the undersigned without need to proceed first against the Company.

This guarantee shall be binding upon and insure to the benefit of the parties, their successors, assigns and personal representatives.

Signed on _____ day of _____, 20_____.

Witness Signature

Address

City/State/Zip

Witness Signature

Address

City/State/Zip

Guarantor Name / Title

Guarantor Signature

Address

City/State/Zip

Guarantor Name / Title

Guarantor Signature

Address

City/State/Zip



ELECTRIC MOTOR SHOP is going "GREEN"

In an effort to become environmentally responsible, Electric Motor Shop & Supply will be making the transition of sending out our invoices and statements via fax or email.

Please select your preferred method of receiving invoices and enter the appropriate accounts payable fax # or email address. If you are unable to join us in our efforts to go green at this time, check the "mail only" box.

We will go on the assumption that faxing is okay, if no response is received.

Please disregard this notice if your company has already responded.

Company _____ acct.# _____

Contact Name _____

Please check one of the following: Email__ Fax __ Mail only__

Accounts Payable Email _____

Accounts Payable Fax# _____

Please join us in our efforts and return this form at your earliest convenience.

You may submit the form via:

Mail: Electric Motor Shop
P.O. Box 446
Fresno, Ca. 93709

Email: Theresa.azevedo@electricmotorshop.com

Fax: 559-650-1111
Attn: Accounting Dept.

Or just give us a call at 559-650-1153



WE APPRECIATE YOUR BUSINESS