



CAPITAL
WHOLESALE LIGHTING & ELECTRIC SUPPLY, INC.

Credit Application

5812 W. Washington Blvd.
Clver City, CA 90232
Tel: (323) 937-4444
Fax: (323)937-7929

15826 Hawthorne Blvd.
Lawndale, CA 90260
Tel: (310) 793-4000
Fax: (310) 793-4040

THE POWER OF SERVICE

For the purpose of obtaining electrical and lighting supplies from CAPITAL WHOLESALE & ELECTRIC SUPPLY on credit, the following statement is made:

NAME OF FIRM OR INDIVIDUAL: _____

ADDRESS: _____
City State Zip

PHONE # _____ FAX # _____ YEARS AT THIS ADDRESS: _____

C-10 License # _____

If Individual or Partnership:

S.S.# _____ D.L.# _____
Name: _____
Address: _____
Phone: _____

S.S.# _____ D.L.# _____
Name: _____
Address: _____
Phone: _____

BANK _____ ADDRESS _____ PHONE _____
ACCOUNT NUMBERS _____

REFERENCES – OPEN ACCOUNTS ONLY:

1. _____
Name Complete Address Zip Phone
2. _____
Name Complete Address Zip Phone
3. _____
Name Complete Address Zip Phone

For all sums unpaid after 30 days of the date of billing, a finance charge will be added at the rate of 1½% per month, Annual Percentage Rate of 18%.

The Collection of any unpaid balance due and for any controversy or claim arising out of or relating to any purchase of materials or supplies from Capital Wholesale Supply Co., shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and judgment upon the award rendered by the Arbitrator(s) may be entered in any Court having jurisdiction thereof.

If action is instituted to collect any unpaid accounts, the undersigned agrees to pay reasonable attorney's fees incurred for collection in addition to all other sums found to be due.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

DATED: _____ SIGNATURE: _____
BY: _____ SIGNATURE: _____
BY: _____ SIGNATURE: _____
Print Name and Title of Individual Full Name of Firm
Print Name and Title of Individual Signature of Individual
Print Name and Title of Individual Signature of Individual

I (We) _____, AUTHORIZED RELEASE OF BANK INFORMATION ON OUR ACCOUNT
NUMBERS: _____ TO CAPITAL WHOLESALE & ELECTRIC SUPPLY CO.
Name Account is Under

SIGNATURE ON ACCOUNT: _____