



# SHEPHERD ELECTRIC SUPPLY GROUP

A STATE ELECTRIC COMPANY

## COMMERCIAL CREDIT APPLICATION

### GOLDSBORO

801 S. George St.  
Goldsboro, NC 27533  
919-735-1701

### RALEIGH

3925 Tarheel Drive  
Raleigh, NC 27609  
919-821-5320  
Fax: 919-821-3707

### KINSTON

1953 Martin Luther King Jr. Blvd.  
Kinston, NC 28501  
252-523-7685

### ROANOKE RAPIDS

815 Julian R. Allsbrook Hwy.  
Roanoke Rapids, NC 27870  
252-535-3171

### CARY

8065 Chapel Hill Rd.  
Cary, NC 27513  
919-467-4802

### DURHAM

1111 Person St.  
Durham, NC 27703  
919-596-1396

Date \_\_\_\_\_ *MAIL COMPLETED APPLICATION TO RALEIGH.*

Visit our website at: [www.shepherdelect.com](http://www.shepherdelect.com)

## BILLING / SHIPPING INFORMATION

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile / Pager \_\_\_\_\_

## YOUR COMPANY'S

Website / email address: \_\_\_\_\_

- Type of Business:
- Residential Electrical Contractor     Commercial-General Business
- Commercial / Industrial Contractor     Data Comm
- Industrial / Manufacturing Plant     Other

Years in Business \_\_\_\_\_ No. of Employees \_\_\_\_\_ Taxpayer ID# \_\_\_\_\_

Business Structure:

- Sole Proprietorship (please provide driver's license number) \_\_\_\_\_
- Partnership                       LLC
- Corporation                       LLP

## OWNERS AND/OR OFFICERS

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Were any of the principals in business before?  Yes  No. If so, please give name and location of business and reason for discontinuing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ABOUT YOUR COMPANY

Work is conducted from  Home  Shop Electrical License # \_\_\_\_\_

Are purchase orders issued?  Yes  No If yes, by whom? \_\_\_\_\_

Special billing instructions: \_\_\_\_\_

Number of invoices required \_\_\_\_\_ Is a job name required?  Yes  No

Sales tax exempt?  Yes  No (If yes, please attach exemption certificate.)

# FINANCIAL INFORMATION

Bank \_\_\_\_\_ Type of Account/Account # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Loan Experience?  Yes  No

Is your financial statement available for the last two accounting periods?  Yes  No

If yes, please furnish your most recent.

Estimated Monthly Purchases? \_\_\_\_\_

Surety company used on jobs requiring bonds \_\_\_\_\_

IF IN BUSINESS FOR LESS THAN TWO YEARS, PLEASE COMPLETE THE FOLLOWING:

Former Employer \_\_\_\_\_ How long? \_\_\_\_\_

ASSETS	VALUE	LIABILITIES	PMT	BALANCE
Real Estate	_____	Rent/Mortgage	_____	_____
Autos	_____	Autos	_____	_____
Boats, Rec. Vehicles	_____	Charge Accounts	_____	_____
Stocks, Bonds	_____	Bank Loans	_____	_____
Cash/Savings	_____	Credit Cards	_____	_____
Accts. Receivable	_____	Accts. Payable	_____	_____
Other (_____)	_____	Other (_____)	_____	_____
Other (_____)	_____	Other (_____)	_____	_____
<b>TOTAL ASSETS</b>	_____	<b>TOTAL LIABILITIES</b>	_____	_____

# REFERENCES/MAJOR SUPPLIERS

Name	Address	City/State/Zip	Phone	Account #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

