



APPLICATION FOR CREDIT

NAME OF FIRM OR INDIVIDUAL _____		YEARS AT THIS ADDRESS _____	
ADDRESS _____		AREA CODE _____	PHONE NUMBER _____
CITY _____	STATE _____	ZIP _____	AREA CODE _____
			FAX NUMBER _____

Hereby applies for credit in accordance with the terms and conditions of:

CLARION ELECTRIC SUPPLY COMPANY

PHONE: (814) 226-0900

PO BOX 665

FAX: (814) 227-2660

CLARION, PA 16214

NORMAL CREDIT TERMS: Net 10th, 2% Service Charge after 30 days - minimum \$2.00

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP: (check one)
Corporation _____ Partnership _____ Individual _____
Check here if incorporated within the past 12 months _____

1. _____

NAME (S) OF PRINCIPAL (S)	COMPLETE ADDRESS	PHONE NUMBER	SOCIAL SECURITY NUM.
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

BUSINESS FINANCE:

BANK _____	BANK ADDRESS _____
BANK OFFICER OF DEPARTMENT _____	PHONE NUMBER _____

LOCAL REFERENCES:

1. _____

BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE NUMBER	FAX NUMBER
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I/We certify that all the information on this form is correct. I/We hereby authorize the person to whom this application is made or any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from other person pertaining to my credit of financial responsibility.

(Signed) _____

Date _____ 20 _____ (Title) _____