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## **Credit Account Application**

Please print out this form, fill it out completely, and sign all appropriate sections. Included is a credit agreement which **must be signed**, along with the personal guarantee which also must be completed for any account that is a Corporation and LLC. Mail to:

I. D. Booth Inc / Booth Electrical Supply
Wholesalers
620 William Street, P.O. Box 579
Elmira, NY 14902-0579

Individual/Business Name:  Street & Box Address:  City/County:  State & Zip Code:  Mailing Address:  City/County:  State & Zip Code:  Business Phone: ( )  Fax Number: ( )  Email:  Cell Phone Number: ( )  Federal ID Number:  Social Security Number:  YOUR COMPANY'S INFORMATION:  Please check that applies: Proprietorship Partnership Corporation_		
Street & Box Address:  City/County:  State & Zip Code:  Mailing Address:  City/County:  State & Zip Code:  Business Phone: ( )  Fax Number: ( )  Email:  Cell Phone Number: ( )  Federal ID Number:  Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business:  Years in Business:	ACCOUNT INFORMATION:	
Street & Box Address:  City/County:  State & Zip Code:  Mailing Address:  City/County:  State & Zip Code:  Business Phone: ( )  Fax Number: ( )  Email:  Cell Phone Number: ( )  Federal ID Number:  Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business:  Years in Business:		
Street & Box Address:  City/County:  State & Zip Code:  Mailing Address:  City/County:  State & Zip Code:  Business Phone: ( )  Fax Number: ( )  Email:  Cell Phone Number: ( )  Federal ID Number:  Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business:  Years in Business:	Individual/Business Name:	
City/County: State & Zip Code: Mailing Address: City/County: State & Zip Code: Business Phone: ( ) Fax Number: ( ) Email: Cell Phone Number: ( ) Federal ID Number: Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business: Years in Business:		
State & Zip Code:  Mailing Address:  City/County:  State & Zip Code:  Business Phone: ( )  Fax Number: ( )  Email:  Cell Phone Number: ( )  Federal ID Number:  Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business:  Years in Business:		
Mailing Address: City/County: State & Zip Code: Business Phone:  Email: Cell Phone Number:  Cell Phone Number: Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business: Years in Business:		
City/County: State & Zip Code: Business Phone: ( ) Fax Number: ( ) Email: Cell Phone Number: ( ) Federal ID Number: Social Security Number:  YOUR COMPANY'S INFORMATION:  Type of Business: Years in Business:		
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Type of Business:  Years in Business:	Social Security Number:	
Years in Business:	YOUR COMPANY'S INFORMATION:	
Years in Business:	Type of Business:	
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Number of Employees: Work is conducted from home Shop		
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