

Date: _____

Attention: Accounts Receivable Department

This is a request to open a monthly charge/credit account with Electric Inspection.

I understand that payments are due, in full, on the 15th of each month. Any payment received after the 15th of the month, will have a minimum late charge of 2.0% of the balance due, or twenty-nine dollars (\$29.00), whichever is the greater of the two.

I am also aware that if my payments are not received by the 15th of the month, no inspections will be made and no releases or certificates shall be issued.

I understand that if this account is not kept current, Electric Inspection has the unconditional right to cancel the use of the account.

I further understand and agree that there will be a returned check fee charged on any returned check of thirty-five dollars (\$35.00).

I further understand and agree to reimburse Electric Inspection for any and all cost incurred in the collection of any past due accounts, including, but not limited to, all attorney fees.

I further understand and agree that the terms and conditions of this account may be changed at any time by Electric Inspection and that I will be given written notice of any changes or additions.

Signature

Title

Print Signature

Title

COMPANY INFORMATION

Company Name _____ Federal ID # _____

Address _____
Street City State Zip

Phone # _____ Contact Person _____

BANK REFERENCES

Bank Name _____ Account # _____

Address _____
Street City State Zip

Contact Person/s _____

Bank Name _____ Account # _____

Address _____
Street City State Zip

Contact Person/s _____

BUSINESS REFERENCES

Name _____ Phone # _____

Address _____
Street City State Zip

Contact Person/s _____

Name _____ Phone # _____

Address _____
Street City State Zip

Contact Person/s _____

PERSONAL INFORMATION OF THOSE THAT MAY USE THIS ACCOUNT & SIGN CHECKS

Name _____ Social Sec. # _____

Home Address _____
Street City State Zip

Name _____ Social Sec. # _____

Home Address _____
Street City State Zip

Name _____ Social Sec. # _____

Home Address _____
Street City State Zip

If additional persons are able to use this account, please attach a separate sheet of paper with complete information.