

Dear Customer,

The enclosed credit application must be filled out entirely in order for it to move quickly through the processing phase. Please note the following while filling out your application:

1. The business address under "Business Information" must be the physical address.
2. The "Information for Proprietor, Partners or Officers" section needs to be filled out.
3. Please provide the phone number of your local bank branch, no 800 numbers please.
4. Please sign the guarantee of payment on both sets of lines at the end of this application.

To return your completed credit application, please choose one of the following delivery methods:

- By mail:  
REVCO Lighting and Electrical Supply, Inc.  
Attn: Credit Department  
P.O. Drawer 1539  
Southampton, NY 11969-1539
- By fax:  
631-283-6317
- By e-mail:  
[jeanettet@revcoelectric.com](mailto:jeanettet@revcoelectric.com)

If there are any questions, please feel free to call us at 631-283-3600.

Sincerely,

Revco Lighting and Electrical Supply, Inc.

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55765 Main Road  
P.O. Box 1025  
Southold, NY 11971  
Fax No. (631) 765-3730

405 Griffing Avenue  
Riverhead, NY 11901  
(800)244-7297  
(631) 369-1900  
Fax No. (631) 369-1904

50 Gingerbread Lane  
East Hampton, NY 11937  
(631)329-4600  
Fax No. (631) 369-1904

360 County Road 39A  
P.O. Box 1539  
Southampton, NY 11969-1539  
(800) 722-0244  
(631) 283-3600  
Fax No. (631) 283-6317



LIGHTING + ELECTRICAL SUPPLY

360 COUNTY ROAD 39A

P.O. BOX 1539

Southampton, N.Y. 11969-1539

Phone: 631-283-3600

Fax: 631-283-6317

### MUNICIPAL PROJECT CREDIT APPLICATION

#### GENERAL INFORMATION:

Legal Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Tax/Federal ID# \_\_\_\_\_

Date municipal entity was established: \_\_\_\_\_

Sales Tax Exempt Certificate Number: \_\_\_\_\_ Date: \_\_\_\_\_

#### BILLING INFORMATION:

Accounts Payable contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Contact if the Accounts Payable Person cannot be reached:

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Is there any special procedure to facilitate trouble-free payment of invoices? \_\_\_\_\_

Does the project have a Performance or Payment Bond? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Amount of Bond: \$ \_\_\_\_\_

Name of Bonding Company \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### BANK REFERENCE:

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_ Account Type: \_\_\_\_\_  
ACCOUNT#: \_\_\_\_\_ Account Type: \_\_\_\_\_

**TRADE REFERENCES:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

**Amount of Credit Requested:** \_\_\_\_\_

**OUR AGREED CREDIT TERMS ARE:**

1. Payment is due in accordance with the terms of sale as shown on our invoice.  
(Terms are 1% discount if payment is received by the 10<sup>th</sup> of the month/Net due on the 25<sup>th</sup>)  
A service charge of 2% per month will be imposed on all past due balances.  
Purchaser will be held responsible for payment of all attorneys fees and court costs on all due accounts placed for collection with an attorney.

**GUARANTEE OF PAYMENT:**

The undersigned agrees that should credit be granted by *REVCO Lighting and Electrical Supply, Inc* to the above mentioned credit applicant, the above mentioned credit applicant will be responsible for all invoices presented. Accounts are due and payable in accordance with the terms stated. It is understood that the above mentioned credit applicant will pay all cost of collection, including reasonable attorney's fees of thirty three and one third percent. The account is payable to *REVCO Lighting and Electrical Supply, Inc*. I (we) certify the information provided on this application to be true and accurate.

_____ Signature	_____ Title	_____ Date	_____ Signature	_____ Title	_____ Date
_____ Print Name			_____ Print Name		

**\*ATTACH APPROPRIATE SIGNED EXEMPT CERTIFICATE\***

**Bank Account Inquiry Authorization**

To whom it may concern,

I hereby give permission to release basic information regarding my bank accounts to REVCO Lighting and Electrical Supply, Inc. The information provided by my banking institution is for the express purpose of REVCO Lighting and Electrical Supply, Inc.'s Credit Department use.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

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(800) 722-0244  
(631) 283-3600  
Fax No. (631) 283-6317

Dear REVCO Customers,

# HELP...

us protect you... From time to time we try to update our purchasing records, for your protection and for ours as well. If you would, please let us know whom within your company is authorized to make REVCO purchases. Please fax this form to 631-283-0568; Attention Jeanette, mail to our Southampton address below or e-mail to [jeanetted@revcoelectric.com](mailto:jeanetted@revcoelectric.com). Thank you very much for your help with this!

\*Authorized purchasers include:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

We will allow your agents (persons listed above) to purchase from us on your behalf indefinitely, or until you state otherwise in writing. Please let us know immediately, when you make any changes to your authorized purchasing staff, to protect you from the possibility of fraudulent purchasing.

Company Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Authorized Company Representative \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Thank you very much for your help and we look forward to enjoying continued success with you.

Sincerely,

REVCO Lighting and Electrical Supply, Inc.

Dear Customer,

In 2008, REVCO Lighting and Electrical Supply, Inc. started the process of going paperless. Instead of mailing paper copies of invoices, statements, newsletters, and announcements, we e-mail them. In making this effort, we aim to move forward with our resolution to save energy and resources.

If you would like to participate, please take a moment to fill out the bottom of this letter.

Sincerely,

Jeanette Donovan  
Accounts Receivable  
631-283-3600 ext. 329

Check all that apply:

Invoices

Statements

Newsletters

General Announcements

E-mail Address: \_\_\_\_\_

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

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