

# **ELECTRIC** INSPECTION

5900 Centennial Cr., Suite - 110  
Florence, Kentucky 41042  
Phone (859) 746-9111 Fax (859) 746-9124

## CONTRACTOR APPLICATION FOR CHARGE/CREDIT ACCOUNT

### Memorandum

To Whom It May Concern:

Electric Inspection does not accept Post Office Box numbers as a record of a company's business address, but requires a street address and phone number where you may be reached, not a mobile phone number.

Payments are due, in full, on the 15<sup>th</sup> of each month. Any payment received after the 15<sup>th</sup> of the month, shall 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.

Sincerely,

Debbie Helmer

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 15<sup>th</sup> of each month. Any payment received after the 15<sup>th</sup> 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 15<sup>th</sup> 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.

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Signature

Title

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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.