

L.A.WOOLLEY ELECTRIC, INC. 620 TIFFT STREET · BUFFALO, NEWYORK 14220 · (716) 821-1200 · FAX (716) 821-1208

ACCOUNT APPLICATION

				Date:		20	
FIRM NAME							
STREET ADDRESS		PHONE					
CITY FULL NAME OF OWNER OR INDIVIDUAL	OR OWNERS(OR A	N AUTHORIZED OFFICE	STATE R OF CORPORATION)I	IST HOME AD	,	P CODE DDE FOR PARTNERSHIP	
LEASE CHECK ONE INDIVIDUAL PARTNERSHIP CORPORA			CORPORATION	FED. TAX NO. (FOR CORPORATION)			
TYPE OF BUSINESS				DATE STARTED			
ESTIMATED ANNUAL SA	LES				<u>L</u>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				LOCATION	LOCATION		
OWN OR RENT BUILDING-IF RENT-FROM WHOM?					······································	VALUE	
REAL ESTATE MORTGA							
		TRA	DE REFERENC	ES			
COMPANY (Local Preferred)					PHONE	CONTACT NAME	
NAME				OFFIC))		
ADDRESS				FAX ()		
CITY		STATE	ZIP				
NAME				OFFIC (E)		
AODRESS				FAX ()		
CITY		STATE	ZíP	<u> </u>			
NAME					E }		
ADDRESS				FAX ()		
СПҮ		STATE	ZIP				
NAME OF BANK				OFFIC (<u> </u>		
ADDRESS				(**)		
CITY STATE			ZIP	ACCOUNT NO.			
Applicants Signa accordance with this application is	following tern	nancial responsit ns: NET 30 E	DAYS Please	send tax	ss to pay or exemption o	ur invoices in certificates with	
THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. IWE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY			FIRM NAME		SIGNATURI	REQUIREO TITLE	