



CIRCUIT BREAKERS, INC.

9756 SIXTH STREET, RANCHO CUCAMONGA, CA 91730
OFFICE: (909) 980-7694 EMERGENCY : (909) 772-9861 FAX: (909) 980-7604

Visit us @ www.mandmcircuitbreakers.com

Monday – Friday : 7:00am to 5:00pm

Saturday: 8:00am to 12:00pm

Thank you for your interest in opening an account at M&M Circuit Breakers, Inc.
In order to begin processing your credit application, the following information is required:

OUR COMPLETED CREDIT APPLICATION

COMPLETED RESALE CARD, IF APPLICABLE

You may send a copy of your references along with our completed credit application. Please make sure our credit application is filled out and complete with **“three current references and correct telephone and fax#’s.”** We rate by fax#’s. This will speed up your process if all information is current and accurate.

If your company is resale, and does not pay sales tax, please provide us with a tax card. Sales tax will be assessed on all orders until this information has been received. We do not waive sales tax until proof is provided that your company is non-taxable.

Thank you for giving M&M Circuit Breakers, Inc. an opportunity to serve your electrical requirements.

Thank you,

Credit Department



CIRCUIT BREAKERS, INC.

Credit Application for NET 30 Account

9756 6TH STREET, RANCHO CUCAMONGA, CA 91730

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It is important that the application is filled out completely. This information is confidential, therefore will only be kept by M&M Circuit Breakers, Inc, Credit and Accounting Department.

Any missing information will result in delays in processing your Application

Please fill all require information and fax to (909) 980-7604

BUSINESS INFORMATION:

Name of Firm or Individual: _____

DBA: _____ Years in Business: _____

Street Address: _____

City/ State/ Zip: _____

Fed Tax/ SS#: _____

Type of Business: Corporation Partnership Sole Proprietorship Other _____

Accounts Payable Name: _____ Phone: _____ Fax: _____

Resale: Yes No Resale Number: _____

If Resale, please fill out the Board of Equalization General Resale Certificate Form attached in this application. Please make sure the information is accurate and matches the information Board of Equalization has on www.boe.ca.gov.

PERSONAL INFORMATION FOR OWNER(S)/PARTNER(S)/OFFICER(S) :

1.) Name: _____ Title: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

2.) Name: _____ Title: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

BUSINESS REFERENCES:

Please provide the information of three references whom you buy on an open basis, make sure to provide the accurate information and fax number since we rate by fax.

1.) Company Name: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____ Fax: (____) _____

2.) Company Name: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____ Fax: (____) _____

3.) Company Name: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____ Fax: (____) _____

BANK REFERENCE:

Name of Branch: _____

Account Type: _____ Account Number: _____

Branch Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

*We certify that all of the above information is true and correct according to our best of knowledge. We fully understand that terms are **NET 30 DAYS** and we agree to the prompt and proper payment of all invoices.*

PRINT NAME

SIGNED

TITLE

Date