



# **CIRCUIT BREAKERS, INC.**

9756 6<sup>TH</sup> STREET, RANCHO CUCAMONGA, CA. 91730

OFFICE: (909) 980-7694 FAX: (909) 980-7604

Email: [CREDIT@MandMCircuitBreakers.com](mailto:CREDIT@MandMCircuitBreakers.com)

VISIT US @ [www.MandMCircuitBreakers.com](http://www.MandMCircuitBreakers.com)

## **ATTN: CREDIT DEPARTMENT**

Thank you for your interest in opening an account at M&M Circuit Breakers, Inc.

Attached you will find our credit application, also available online [www.MandMCircuitBreakers.com](http://www.MandMCircuitBreakers.com). You may include a prepared reference sheet/company profile but **we still require our credit application to be fill out completely to begin the process.**

Under normal circumstances it takes up to 5 business days to process your application, depending on the information you provide. **Please make sure you included accurate FAX numbers of your references, as we only request information by fax.** If your references respond quickly, we will do so in kind.

We will pursue completion of your application for a period of 30 days. If you have not been granted Net-30 open account within this period, then your application will be closed without any notice. You may resubmit at a later time. Its important you follow up during this period if your application is place on-hold.

If you have any questions or need help feel free to contact our Credit Department in our Rancho Cucamonga, CA branch at (909) 980-7694, we are here to assist you! Thank you for giving M&M Circuit Breakers, Inc. an opportunity to serve your electrical requirements. We hope that we will be doing business together for many years to come.

Sincerely,

Credit Department

### **APPLICANT USED ONLY: *(for follow up purposes)***

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

**Name of Person Submitting this Application:**

\_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Fax:** \_\_\_\_\_

**Contact Email:**

\_\_\_\_\_

Please FAX or EMAIL the complete and signed application & this Cover page to [CREDIT@MandMCircuitBreakers.com](mailto:CREDIT@MandMCircuitBreakers.com) or by Fax (909) 980-7604.



# CIRCUIT BREAKERS, INC.

# CREDIT APPLICATION

9756 SIXTH STREET, RANCHO CUCAMONGA, CA 91730 Δ OFFICE: (909) 980-7694 Δ FAX: (909)980-7604  
Δ EMAIL: CREDIT@MandMCircuitBreakers.com

### Instructions:

Please complete the following forms and fax back to (909) 980-7604 or email to CREDIT@MandMCircuitBreakers.com.  
**-PLEASE WRITE OR TYPE CLEARLY & FILL OUT COMPLETELY-. Any missing information will result in delays.**

### Company Profile:

Please check one:

Sole Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Fed Tax ID/SS No. : \_\_\_\_\_ Secretary of State Entity ID Number: \_\_\_\_\_ Year Established: \_\_\_\_\_

Resale: Yes No , If yes Resale No. : \_\_\_\_\_ ( If yes, Please submit copy of signed resale card with application)

Business Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Billing Information:

Legal Business Name or Individual : \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

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

Accts Payable Contact Person: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please check one box if you would like your invoices  Mailed  Faxed  Emailed

### Officers / Partners/ Owners:

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Bank Reference :

Bank Name: \_\_\_\_\_ Years Banking: \_\_\_\_\_

Branch Street Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Trade References :

*( Give only names of those you buy from on an open account)*

**Please provide the accurate information and fax number since we rate by Fax. The references must be companies that the applicant has current account activity within the last 90 days. Please do not list COD Accounts.**

1.) Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Acct No. : \_\_\_\_\_

2.) Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Acct No. : \_\_\_\_\_

3.) Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Acct No. : \_\_\_\_\_

### Terms:

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** and I (we) agree to pay for all goods purchase within 30 days of the date of invoice. By signing this application, you hereby authorize the M&M Circuit Breakers, Inc. to contact your bank for a reference.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_