

**BATON ROUGE**  
3575 Choctaw Drive  
Baton Rouge, LA 70805  
225-357-4249 | 800-825-2344  
FAX 225-355-9712  
batonrouge@golES.com

**HOUSTON**  
6001 Stonington Street #170  
Houston, TX 77040  
713-690-4437 | 888-268-0049  
FAX 713-690-1140  
houston@golES.com

**JACKSON**  
#1 Old River Place  
Jackson, MS 39202  
601-355-6092 | 800-256-2065  
FAX 601-355-0761  
jackson@golES.com

**LITTLE ROCK**  
7023 Interstate 30  
Little Rock, AR 72209  
501-562-7510 | 800-256-2036  
FAX 501-562-0564  
littlerock@golES.com

**LONGVIEW**  
602 Roenia Circle  
Longview, TX 75604  
903-753-0919 | 800-825-2310  
FAX 903-236-4599  
longview@golES.com

**NEW ORLEANS**  
115 James Drive West,  
Suite 120  
Saint Rose, LA 70087  
504-472-0722 | 888-238-1176  
FAX 504-472-0723  
neworleans@golES.com

**OKLAHOMA CITY**  
6000 NW 2nd St., Suite 850  
Oklahoma City, OK 73127  
405-789-2600 | 888-303-8838  
FAX 405-789-2616  
oklahomacity@golES.com

**SHREVEPORT**  
2321 Texas Ave.  
Shreveport, LA 71103  
318-222-9459 | 800-825-2377  
FAX 318-222-1911  
shreveport@golES.com

**SPRINGDALE**  
13645 Puppy Creek Rd.,  
Suite I  
Springdale, AR 72762  
479-756-1608 | 888-253-9489  
FAX 479-750-2501  
springdale@golES.com

**TULSA**  
12121 East 51st St., Ste. 105  
Tulsa, OK 74146  
918-254-2399 | 866-357-3054  
FAX 918-254-2495  
tulsa@golES.com



# INDUSTRIAL

## Electronic Supply, Inc.

**CONFIDENTIAL  
CREDIT APPLICATION**

All information must be completed.

Exact Company Name \_\_\_\_\_

### BILLING ADDRESS

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

### SHIPPING ADDRESS

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Principle Line of Business \_\_\_\_\_

Established (Years) \_\_\_\_\_

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Individual \_\_\_\_\_

NAME OF OWNER/OFFICERS	TITLE	HOME ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Estimated Monthly Purchases \_\_\_\_\_ Financial Statement requested for \$10,000 or more

### TRADE REFERENCES

NAME	PHONE/FAX	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### BANK REFERENCE

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ Loan Number \_\_\_\_\_

Tax information: If you are non-taxable, please attach a copy of your exemption certificate. If not on file, tax will be charged.  
Open account credit terms are net 10 days. A 3% processing fee will be added to the total invoice for changing the method of payment to credit card.

SIGNATURE OF OFFICER/OWNER \_\_\_\_\_

DATE \_\_\_\_\_ TITLE \_\_\_\_\_

Please submit your credit application by fax to **318-221-9868**, or by email to **m.schneider@golES.com**.