



INDUSTRIAL

Electronic Supply, Inc.

**CONFIDENTIAL
CREDIT APPLICATION**

All information must be completed.

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

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, Ste 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

Exact Company Name _____

BILLING ADDRESS

Street/P.O. Box _____

City _____

State _____

Zip _____

Telephone _____

Principle Line of Business _____

SHIPPING ADDRESS

Street/P.O. Box _____

City _____

State _____

Zip _____

Telephone _____

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 **AR@golES.com**.