LEFF ELECTRIC
1163 East 40th Street. Cleveland, Ohio 44114-3894. Phone (216) 432-3000. Fax (216) 432-3311.

APPLICATION FOR OPEN ACCOUNT

Name of Account: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Nature of Business (circle one): Corp. Partnership Individual Prop.

Years in Business _____ Credit Line Requested: $ _____

Name of Partners or Officers: Social Security No.

_____

_____

_____

Real Estate Owned: _____

Mortgage Held By: _____

Outstanding Loans or Financing:

Name of Bank: _____ Branch _____

Type of Account: _____ Acct No _____

Name of Bank: _____ Branch _____

Type of Account: _____ Acct No _____

Business Credit References (include mailing address and phone number):

_____

_____

_____

_____

Persons Authorized to Purchase:

_____

_____

Taxable (circle one): Yes No (If tax-exempt, A CERTIFICATE MUST BE SUPPLIED OR TAX WILL BE CHARGED)

Accounts Payable Person: _____ Purchase Order number required (circle one)? Yes No

The above information is given for the purpose of obtaining credit and warranted to be true. Permission is given to make further investigation as required to establish credit ability. It is agreed that all bills will be paid by the 10th day of the month following purchases, and the accounts beyond that period are past due and subject to a monthly service charge of 1.5% per month on all past due balances. The undersigned further agrees to pay all expenses, including court costs, legal and administrative expenses, and attorney fees paid or incurred by the H. Leff Electric Co. in endeavoring to collect the sums due and owing by the company.

X _____ Title _____ Date _____