



**APPLICATION FOR OPEN ACCOUNT**  
For new customers only.  
Please complete and return with order.

Name of Business: Womack Electric Supply Co.  
Business Address: P.O. Box 521, 518 Newton Street  
City: Danville State: VA Zip: 24543  
Date Established: 1938 Business Phone: 434-793-5134

Sales Tax ID # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_  
Fed ID# 64-1745515 E-Mail: \_\_\_\_\_

Type of Business:  Corporation ( ) Partnership - Soc. Sec.#: \_\_\_\_\_  
( ) Limited Liability ( ) Sole Proprietorship - Soc. Sec.# \_\_\_\_\_  
*(If Sole Proprietorship or Partnership Social Security Number required)*

Officers: \_\_\_\_\_

Bank References:  
Name of Financial Institution: See attached  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade References: WE MUST HAVE A MINIMUM OF (3) VALID TRADE REFERENCES IN ORDER TO PROCESS YOUR APPLICATION - FAX NUMBER MUST BE INCLUDED.**

Company Name: See attached Contact: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

*This is to certify that all merchandise purchased by the undersigned from RECONYX, INC. is purchased for the purpose of resale. PLEASE NOTE: Interest will be charged at the rate of 1.5% per month on any unpaid balance on all overdue accounts. Purchasers are liable for all costs incurred by RECONYX, INC. in collection of delinquent accounts. I hereby authorize RECONYX, INC. to verify my bank account(s) as needed to process my credit application. I further authorize RECONYX, INC. to order a consumer credit report and verify other credit information, including past and present. It is understood that a copy of this application will also serve as authorization to obtain said information. Said information will be used in the processing of this credit application. These conditions are understood and agreed to.*

SIGNED: Shard Hancock DATE: 10/7/19

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL GUARANTEE:**  
I hereby agree to pay to the undersigned vendor all indebtedness not or hereafter owing by me to said company, whether individually, partnership, or corporation. In consideration of said vendor extending credit to the above applicant, the undersigned does hereby individually and personally guarantee the sum or sums of money as may at anytime hereafter become due from the said applicant for goods sold to the applicant whether said indebtedness be in the form of notes, bills or open account. If it becomes necessary to enforce this guarantee by suit, I agree to pay any and all accrued interest and attorney fees as allowed by law.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# WOMACK ELECTRIC SUPPLY CO.

----- ACCOUNTING DEPARTMENT -----  
(434)793-5134 P.O. BOX 521 518 NEWTON STREET DANVILLE, VA 24543

## CREDIT INFORMATION

### BANK:

American National Bank  
628 Main Street  
Danville, Virginia 24541

PHONE: 434-792-5111

Account Number 15-158284-01

DUNN & BRADSTREET: Womack Electric & Supply Co., Inc.  
D & B # 832162031

SSIC CODE: 5063

NAICS COEC: 423610

### BILL TO FOR ALL WOMACK LOCATIONS:

WOMACK ELECTRIC & SUPPLY CO., INC.  
Attn: Accounting Dept.  
P.O. Box 521  
Danville VA 24543-0521

PHONE: 434-793-5134  
FAX: 434-797-1439

EMAIL INVOICES TO: [ap.invoices@womackelectric.com](mailto:ap.invoices@womackelectric.com)

### TRADE REFERENCES:

Encore Wire	1329 Millwood Road PO Box 1149 McKinney, TX 75069 972-562-2915 (Phone) Ext: 212 <a href="mailto:Lea.Jones@encorewire.com">Lea.Jones@encorewire.com</a>
Eaton	4201 N. 27 <sup>th</sup> Street Milwaukee, WI, 53216 412-893-3604 (Phone) 412-893-2114 (Fax) <a href="mailto:angelmattocks@eaton.com">angelmattocks@eaton.com</a>
IMark Group	6009 Oxon Hill Road #314 Oxon Hill, MD 20745 301-567-8888 (Phone) 301-567-8889 (Fax) <a href="mailto:dsimpson@imarkgroup.com">dsimpson@imarkgroup.com</a>



3828 Creekside Place  
Holmen, WI 54636

Phone: 866-493-6064  
Local: 608-781-6064  
Fax: 608-779-1344

## REQUEST FOR CREDIT REFERENCE

The customer shown below has given your company as a trade reference.  
Kindly provide us with the following information and fax this form back to:

Matt Paulsrud, Accounts Receivable @ 608-779-1344

DATE: 11/11/2019

TO: IMark Group

ATTN: Credit Dept.

FAX dsimpson@imarkgroup.com

REGARDING : Womack Electric Supply Co.

518 Newton St.

Danville, VA 24543

Sold From 3/19/14

Date of Last Sale 10/1/19

Highest Credit Recent Submit 4,183,834.-

Terms 20/10 15th Prox

Amount Owning Recent pd 4,115,462.-

Average Pay Days Once a month

Current	31-60	61-90	91+
\$ N/A	\$ N/A	\$ N/A	\$ N/A

How do you rate this customer:

Excellent  Very Good  Good  Average  Poor

Additional Comments: We are a Co-op & can only provide

What the member submits. We do NOT see Invs. They are in  
Very good standing.

Signature: D. Simpson Acct Rep 11/11/19