

# Application for Credit



## LIGHTING INNOVATIONS

Instructions: All items must be filled in and complete. A SIGNATURE IS MANDATORY PRIOR TO RECEIVING CREDIT TERMS. If a corporation, the signature must be that of an officer, stating title. PLEASE PRINT OR TYPE ALL THE INFORMATION ON THE APPLICATION. THE SECOND PAGE MUST BE SIGNED.

Date: \_\_\_\_\_ Tax Exempt Yes No If yes ID. # \_\_\_\_\_  
 (IF YES, PLEASE ATTACH A COPY OF THE EXEMPTION CERTIFICATE.)

FIRM NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Email Address \_\_\_\_\_

AP Email Address \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

FINANCE: Please check which terms you usually pay merchandise bills: 30 days 1% 10 Net 30

Borrow Account #: \_\_\_\_\_ Name of Title Co: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5 TRADE REFERENCES

(Name of your suppliers, date your account was open and account number, if any)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Ownership  Proprietorship  Partnership  Corporation  Incorporated Within last 18 months

Name of Parent company, If Subsidiary \_\_\_\_\_

Proprietor or 1.) \_\_\_\_\_ S.S.# \_\_\_\_\_

Partners names 2.) \_\_\_\_\_ S.S.# \_\_\_\_\_

Name and Title of person for Accounts Payable \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Do you pledge or borrow on your accounts receivables? \_\_\_\_\_

Insurance carried (specified) \_\_\_\_\_ From whom? \_\_\_\_\_

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES WITH THE APPROVED TERMS AND CONDITIONS.

SIGNED X \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(Officer)