



3709 West 3rd Avenue
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CREDIT APPLICATION

COMPANY INFORMATION

Company _____ Phone () _____
Fax () _____ Email _____
Principal Contact _____ Title _____
Address _____
City _____ State _____ Zip _____
Nature of Business _____
Check one: _____ Corporation _____ Partnership _____ Sole Proprietorship
Executive Officer _____ Title _____

CREDIT REQUEST

Amount of credit requested \$ _____

TRADE REFERENCES

- Company _____ Acct. # _____
Address _____ City/State/Zip _____
Principal Contact _____ Phone () _____ Fax () _____
Accounts Payable Contact _____ Phone Extension: _____
- Company _____ Acct. # _____
Address _____ City/State/Zip _____
Principal Contact _____ Phone () _____ Fax () _____
Accounts Payable Contact _____ Phone Extension: _____
- Company _____ Acct. # _____
Address _____ City/State/Zip _____
Principal Contact _____ Phone () _____ Fax () _____
Accounts Payable Contact _____ Phone Extension: _____
- Company _____ Acct. # _____
Address _____ City/State/Zip _____
Principal Contact _____ Phone () _____ Fax () _____
Accounts Payable Contact _____ Phone Extension: _____

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. We fully understand your Credit Terms and Conditions of Sale and agree to the proper payment in consideration of extended credit. Applicant's signature attests to financial responsibility, ability, and willingness to pay our invoices in accordance with those terms.

Signature _____ Date _____
Title _____

**PLEASE FAX THIS FORM TO
724.846.8833.**

Unique Lighting Products for Your Special Needs™