

Credit Application



Company Information

Full Legal Name/Business Entity: _____ Phone: _____ Fax: _____

Doing Business as (DBA): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Company Type: Proprietorship Partnership Franchise Corporation: LLC Other

Federal Tax ID: State of Incorporation: DUNS Number: _____

E-Mail Address (es): _____

Owner Information

Full Name (including middle initial): _____ Title: _____ Social Security #: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Bank Information

Bank Name: _____ Account Information: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Number of years banking with this Institution: _____

Trade Credit Reference (Please provide at least 3 from the Lighting Industry)

Please include fax number and accounting department email address

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email Address: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email Address: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email Address: _____

Credit Application



I hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. I hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. I agree to pay all costs of collection and litigation on this account in accordance with the laws of California, the State of Incorporation of Lite Lume Corporation, LLC (the 'Creditor'). I agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

Net 30 days.

No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit dept.

PERSONAL GUARANTEE: If the credit customer is a Corporation, LLP or LLC, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the entity.

We are requesting credit in the amount of \$: _____

For question about credit approval, please contact:

LITELUME™
Attn: Credit Department
PO BOX 476
EVERETT, WA 98206
(833) LED-LUME

Or email: accounting@litelume.com

Credit Application



Authorization of Release of Bank Information

We hereby authorize the mentioned banks at

Bank Name: _____

To release information concerning our account:

Account Number: _____

To use the information for the purpose of credit reference on business trade.

Accounting Information

Bank Account: _____ Account Number: _____

Account Type: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Number of years banking with this Institution: _____

Signature

Authorized Signature: _____ Date: _____

Printed Name: _____ Date: _____