



CREDIT APPLICATION

COMPANY/APPLICANT NAME AND BILLING ADDRESS:

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE: _____ **FAX:** _____

YEAR STARTED IN BUSINESS: _____

BUSINESS TYPE: Corporation _____ Sole proprietor _____ Partnership _____ LLC _____

TAX ID NO: _____

DUN & BRADSTREET NO: _____

TAX EXEMPTION INFORMATION: _____ Taxable _____ Resale _____
(If Resale, complete the Uniform Sales & Use Tax Exemption Certificate)

Persons authorized to charge on account:

FCRA Permissible Purpose Certification

Under the Fair Credit Reporting Act (FCRA), businesses that do not have a credit relationship with their customer may request consumer credit information. Information obtained for the purpose of mitigation of financial risk will be used solely in connection with a current commercial financial risk assessment involving the customer on whom such information is sought. By completing this application, you are authorizing Dekra-Lite Industries, Inc. to obtain such information.



BANK REFERENCES:

NAME _____ PHONE _____ CONTACT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT NO: _____

LINE OF CREDIT: YES/NO AMOUNT \$ _____

TRADE REFERENCES:

COMPANY NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT OPENED _____ TERMS _____

CREDIT LIMIT _____ CURRENT BALANCE _____

COMPANY NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT OPENED _____ TERMS _____

CREDIT LIMIT _____ CURRENT BALANCE _____

COMPANY NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACCOUNT OPENED _____ TERMS _____

CREDIT LIMIT _____ CURRENT BALANCE _____



CREDIT CARD AUTHORIZATION FORM

Credit Card Number: _____

Expiration Date: _____/_____

Visa _____ MasterCard _____ Amex _____ Security Code _____

Cardholder Name: _____

Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

In the event of a returned check, Dekra-Lite Ind. Inc. has the authority to charge this credit card the amount of the check plus a \$25.00 returned check administrative fee. In the event that my account is past due, and all efforts have been made by Dekra-Lite Ind. Inc. to collect past due funds, the full amount due will be charged to my account.

You will be notified prior to charge being processed.

RESPONSIBILITY FOR PAYMENT

I hereby authorize the release of credit information requested by Dekra-Lite Ind. Inc. for the purpose of credit approval with this company.

Signature

Date

Print Name

Company: _____ Position: _____



**CREDIT APPLICATION
Business Owner Profile**

(Please complete one form for each business owner)

NAME (LAST, FIRST MI): _____ **SUFFIX:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DRIVERS LICENSE #: _____ **SSN:** _____

YEAR OF BIRTH: _____ **AGE:** _____

FCRA Permissible Purpose Certification

Under the Fair Credit Reporting Act (FCRA), businesses that do not have a credit relationship with their customer may request consumer credit information based upon receipt of the consumer's written instructions. Information obtained for the purpose of mitigation of financial risk will be used solely in connection with a current commercial financial risk assessment involving the individual on whom such information is sought. By signing below, I am authorizing Dekra-Lite Industries, Inc. to obtain such information.

Signature

Date

Print Name



Customer Billing Survey

New Customer: ___ Existing Customer: ___

RETURN WITH THIS FROM *(if applicable)*: COI Requirements, Tax Exemptions Certificate(s)

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact

Name: _____ Phone: _____

Email: _____

Payment Method:

Check___ ACH___ Credit Card___

Dekra-Lite only sends invoices electronically, an email address is required.

Invoice Email: _____

Statement & Inquiry Email: _____

Primary Point of Contact *(outside of accounts payable)*

Name: _____ Phone: _____

Email: _____

Form Completed By

Name: _____ Date: _____

For assistance with this form, please contact Accounting@dekra-lite.com

For Dekra-Lite Use Only

Completed form must be attached to the customer account.

Customer ID: _____ Account Updated Date: _____ By: _____

UNIFORM SALES & USE TAX RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales/use tax, subject to the instructions and notes on pages 2–6. The issuing Buyer and the recipient Seller have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time. This form was revised as of October 14, 2022.

Issued to Seller: _____

Address: _____

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged or is registered as a

Wholesaler

Retailer

Manufacturer

Seller

Lessor (see notes on pages 2–4)

Other (Specify) _____

and is registered for sales/use tax with the below-listed states and cities within which Seller would deliver purchases to Buyer and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. Buyer is in the business of wholesaling, retailing, manufacturing, leasing (renting), or selling the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AK/ARSSTC ¹		MO ¹⁹	
AL ²		NE	
AR		NV ²⁰	
AZ ³		NJ	
CA ⁴		NM ^{5,21}	
CO ^{5,6}		NC ²²	
CT ⁷		ND	
FL ⁸		OH ²³	
GA ⁹		OK ²⁴	
HI ^{5,10}		PA ²⁵	
ID ¹¹		RI ²⁶	
IL ^{5,12}		SC	
IA		SD ²⁷	
KS ¹³		TN ²⁸	
KY ¹⁴		TX ²⁹	
ME ¹⁵		UT	
MD ¹⁶		VT ³⁰	
MI ¹⁷		WA ³¹	
MN ¹⁸		WI ³²	

I further certify that if any property or service so purchased tax-free is used or consumed by Buyer so as to make it subject to sales/use tax, Buyer will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that Buyer may hereafter give to Seller, unless otherwise specified, and shall be valid until canceled by Buyer in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer, or other authorized signer of Buyer)

Title: _____

Date: _____