

Above All Lighting & Bulbs

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Credit Application

Trade Name: _____ Check One: Individual Partnership Corp.

Address: _____

Contact Person: _____ If Incorporated, which State: _____

Phone: _____ Federal Tax or S/S Number: _____

Authorized Officer / Person: _____ Fax Signed resale/exempt certificate _____

Banking Information

Bank Name: _____ Account #: _____

Contact Person: _____ Type of Business: _____

Address: _____

Phone: _____ Date Business Started: _____

References

Please List Three Active References: Include Complete Address and Phone Number.

1. Company Name: _____

2. Address: _____

3. Contact: _____ Title: _____

4. Phone: _____ Fax: _____

1. Company Name: _____

2. Address: _____

3. Contact: _____ Title: _____

4. Phone: _____ Fax: _____

1. Company Name: _____

2. Address: _____

3. Contact: _____ Title: _____

4. Phone: _____ Fax: _____

Credit Information

Credit Card Type: _____ Name & Address of Issuing Bank: _____

Card #: _____ - _____ - _____ Exp. Date: / /20 Security Code: _____

Payment Terms

Authorization Signature to charge credit card on uncollected balance after 30 days.

Applicants signature attests financial responsibility and willingness to pay invoices in accordance to terms (net 30 days). The above information as well as that gain on the reverse side if for the purpose of obtaining credit and is warranted to be true.

I / We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/ our credit and financial responsibility. Collection costs such as attorney fees, storage, advertising, accounting and all costs incurred through outside collection services are to be paid by debtor.

Firm: _____ Signature: _____ Title: _____ Date: / /20