

## Customer Data Sheet & Credit Application

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### GENERAL INFORMATION:

1. Firm or Business Name: \_\_\_\_\_

2. Doing Business as (DBA): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Telephone ( ) \_\_\_\_\_ 7. Fax ( ) \_\_\_\_\_

8. Please list all offices and/or affiliate addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. E-Mail Address: \_\_\_\_\_

10. Accounts Payable Contact Name: \_\_\_\_\_

11. Years in Business \_\_\_\_\_ 12. Federal Tax Number: \_\_\_\_\_

13. Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership \_\_\_\_\_ Subsidiary

14. Type of work: \_\_\_\_\_

15. Proprietor, Partners, Officers, if incorporated:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

16. Year Business Established: \_\_\_\_\_ 17. At Present Location Since? \_\_\_\_\_

18. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

19. Are you accredited by the Better Business Bureau? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CREDIT REFERENCES: (Please provide three)**

1. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_
  
2. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_
  
3. **Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**How Long Have You Been Doing Business With This Company?** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with ORE Lighting INC. I hereby agree that ORE Lighting INC may investigate my record and that, if approved, we may furnish this authorization to secure the information they need to establish a business relationship.

_____	_____
Name	Title