

# 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: \_\_\_\_\_

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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  
1620 240th St.  
Harbor City, CA 90710  
(833) LED-LUME

Or email: [accounting@Litelume.com](mailto:accounting@Litelume.com)

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## 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: \_\_\_\_\_