



Phone: (718) 768-7000 • Fax: (718) 689-1392

Out of NYC: (800) 605-BULB

CREDIT APPLICATION

Date: _____

Sales Rep: _____

Please complete in full, sign and return fax to 718.689.1392 or mail the original application to the above address. All information will be held in the strictest confidence and used solely for reference purposes within our credit department. The extent to which this application is completed will assist us in determining the extent of your line of credit. If you need additional space, attach a sheet and answer in full. Thank you.

Business Name: _____

Address: _____

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

E-mail: _____ Fax: _____

Sales Contact: _____

Accounts Payable Contact: _____

Date Established: _____ (If less than 2 years financial statement required)

Amount of credit requested: \$ _____

Does the firm applying for credit do business under any other name? YES NO

List Name(s): _____

Type of Business: _____ Resale Certificate Number: _____

Type of Organization: CORPORATION PARTNERSHIP INDIVIDUAL OWNER LLC

If Incorporated; Under State Law Of: _____ Date Incorporated: _____ Federal ID #: _____

Business Premises Are: RENTED OWNED If owned is the building an asset of firm? YES NO

Has the firm or any of its principals ever filed, or been forced to file bankruptcy protection?
YES NO If Yes Explain: _____

Owner/Officer's Name: _____ Title: _____ % Of Ownership: _____

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

Phone: _____ Fax: _____ Social Security Number: _____

Owner/Officer's Name: _____ Title: _____ % Of Ownership: _____

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

Phone: _____ Fax: _____ Social Security Number: _____

Trade References:

1 Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

2 Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

3 Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

4 Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ Contact: _____

Bank Reference:

Bank Name: _____ Account Name: _____

Bank Address: _____ Account Officer: _____

Bank Telephone: _____ Account Number: _____

By signing below, I hereby authorize the bank to release any account information to Lighting & Supplies DBA Sunshine Lighting for the purpose of making credit

SIGNATURE

DATE

The business entity identified on this application, and its successors assigns the undersigned that the statements made and information contained herein, including any attachments submitted here with, are complete, correct, and true with intent that Sunshine Lighting relied thereon as the basis of the extension or continuation of credit. Applicant agrees to pay for all items delivered to or at the request of applicant within terms given. If payment is passed due then there will be an additional 1.5% late payment fee. In the event that this account is placed in collections, all charges incurred by Sunshine Lighting due to legal proceedings (collection fees; attorney fees; or court costs) are the applicants responsibility and will be added to the account balance. I further authorize Sunshine Lighting to verify all references that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies.

In order to encourage Sunshine Lighting to sell merchandise, and extend credit to the above applicant (business), the undersigned guarantees the full and prompt payment of any indebtedness of the above applicant to Sunshine Lighting, including finance charges/interest, legal and collection costs. In the events of default by the applicant business, Sunshine Lighting will be entitled to look to the undersigned for such payment without prior demand or notice and without Sunshine Lighting first proceeding against the business.

I have completely and correctly answered all questions on this application and agree to all terms set out:

NAME / TITLE / COMPANY NAME

DATE

SIGNATURE

Thank you for choosing **Sunshine Lighting** as a source for your supplies.

----- FOR OFFICE USE -----

APPROVED BY

LINE OF CREDIT

DATE