



CREDIT APPLICATION

Please fill out all information and return via email: customerservice@litesourceinc.com or fax: (502) 266-9266

BUSINESS CONTACT INFORMATION

Account/Customer Number:				
Company Name:				
Phone:	Fax:	E-mail:		
Company Billing Address:				
City:		State:	ZIP Code:	
Owner's Name:			Tax ID#:	
Year Established:	Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:

BUSINESS AND CREDIT INFORMATION

Primary Physical Address: <input type="checkbox"/> Same as above				
City:		State:	ZIP Code:	
Telephone:	Fax:	E-mail:		
A/P Contact:		A/P Phone:		
Bank Name:				
Bank Contact Name:				
Bank Address:			Phone:	
City:		State:	ZIP Code:	
Type of account:		Account Number:		

CREDIT REFERENCES

(Please list 3 companies that currently extend you credit. IMPORTANT: Choose companies that will respond to credit requests.)

1) Company Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	Account Number:		
2) Company Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	Account Number:		
3) Company Name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	Account Number:		

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice. A fee of \$35.00 will be assessed on all returned checks. Late payments may be subject to a 1.5% monthly finance charge.
- Claims arising from invoices must be made within seven working days from the date of the invoice.
- By submitting this application, you authorize Lite Source Inc. to make inquiries into the banking and credit references supplied.

Signed:		Date:
Print Name:		
Title:		