

Credit Application Form

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Business Contact Information

Company Name		Tax ID Number	Date of Business Founding (dd/mm/yy)	
Type of Business				
Name of Principal		Title		
Legal Form (select one) (Parent Company) (Specify)				
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Divison/Subsidiary of <input type="checkbox"/> Other:				
Phone (with country code)	Fax	Email		
Registered Company Address				
City	State/Province	ZIP Code	Country	

Business and Credit Information

Checking Account #		Bank Name		
Address				
City	State/Province	ZIP Code	Country	
Saving Account #		Bank Name		
Address				
City	State/Province	ZIP Code	Country	
Home Equity Loan Ref. #		Loan Balance	Bank Name	
Address				
City	State/Province	ZIP Code	Country	

Business/Trade References

Company Name		Contact Name		
Phone (with country code)	Fax	Email		
Complete Address			Type of Account	
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	
Account Opened (dd/mm/yy)	Credit Limit	Current Balance		

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Credit Application Form

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Business/Trade References (cont.)

Company Name		Contact Name	
Phone (with country code)	Fax	Email	
Complete Address		Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	
Account Opened (dd/mm/yy)	Credit Limit	Current Balance	
Company Name		Contact Name	
Phone (with country code)	Fax	Email	
Complete Address		Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	
Account Opened (dd/mm/yy)	Credit Limit	Current Balance	

Agreement

1. All invoices must be paid **30 days** from the date of the invoice.
2. Claims arising from invoices must be made within **seven working days**.
3. By submitting this application, you authorize LED representatives to make inquiries into the banking and business/trade references that you have supplied.

Authorization

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the correct product for each specific application.

Furthermore, I hereby authorize Light Emitting Designs to inquire and verify all of the above mentioned end user information.

Company	Name (print)
Job Title	Signature
Date (d/m/y)	