



**CUSTOMER INFORMATION /CREDIT VERIFICATION**

\*CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED, AGREED UPON AND SIGNED BY THE PERSON RESPONSIBLE FOR PAYMENT.

Date: \_\_\_\_\_

Name Of Account: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Federal I.D. # : \_\_\_\_\_

Fax Number: \_\_\_\_\_

Individual ( ) Partnership ( ) Corporation ( ) Date of Incorporation \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Street Address

Street. / P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address

Street. / P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years in Business \_\_\_\_\_ Years at address \_\_\_\_\_

<u>Names of Owners/ Principals</u>	<u>Home address</u>	<u>Home Phone</u>	<u>SS#</u>
1. _____	_____	_____	____ - ____ - _____
2. _____	_____	_____	____ - ____ - _____

Bank References

Account Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Contact: \_\_\_\_\_

Business/Trade References

- |          |             |              |            |
|----------|-------------|--------------|------------|
| 1. _____ | City: _____ | Phone: _____ | Fax: _____ |
| 2. _____ | City: _____ | Phone: _____ | Fax: _____ |
| 3. _____ | City: _____ | Phone: _____ | Fax: _____ |
| 4. _____ | City: _____ | Phone: _____ | Fax: _____ |

The following Individual (Non-Corporation) accepts sole responsibility for any and all debts and legal fees in the event of non-payment. Our terms are COD unless otherwise agreed upon. 5% Late fee will be charged monthly. The undersigned, as the principal corporate officer, agrees to the terms and conditions of this contract for credit.

Thank you for this information and allowing us to serve you.

\_\_\_\_\_  
Please Sign

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Principle Corporate Officer Name / Owner Name

Office Use Only

APPROVED BY: \_\_\_\_\_

Terms: COD DOR 10 15 30

Mary Skrenes, General Manager JR Lighting, Inc.