



## CREDIT APPLICATION FORM

Legal name of company:	Tel:	PST Exemption#
Name of parent company is subsidiary:	Fax:	If incorporated, provide date of incorporation:
Principle business address:	Email:	At present location since:
Type of business: (Retail, Wholesale, other):	Type of goods sold:	Number of employees:

### BUYER/BANKING INFORMATION

Buyers Name;	Tel:	Fax:
Accounts Payable Name:	Tel:	Fax:
Bank Name:	Account manager name:	Bank Phone:                      Bank Fax:
Bank Address:	Last years sales volume:	Credit Limit Request Amount:

### TRADE REFERENCES

Company Name:	Contact person:	Phone Number:
Credit Limit:	Terms:	Fax Number:
Company Name:	Contact person:	Phone Number:
Credit Limit:	Terms:	Fax Number:
Company Name:	Contact person:	Phone Number:
Credit Limit:	Terms:	Fax Number:

1. Term 30 Days (you may request COD only)



# AW LIGHTING SOLUTIONS

Confidential

2. All invoices shall be payable net. All arrears/overdue accounts will bear interest at the minimum of 2% per month or 24% per annum.

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES, IS TRUE AND CORRECT AND AUTHORIZES THE COMPANY TO WHICH THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTRACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS PART OF SAID INVESTIGATION.

Applicant Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_