



Application process requires in-house P.O. List PO# (s) \_\_\_\_\_

**APPLICATION FOR CREDIT**

Instructions: All items must be filled in and complete. A SIGNATURE IS MANDATORY PRIOR TO RECEIVING CREDIT TERMS. If a corporation, the signature must be that of an officer, stating title. PLEASE PRINT OR TYPE ALL INFORMATION APPLICATION. SECOND PAGE MUST BE SIGNED.

Date: \_\_\_\_\_ Tax Exempt  Yes  No If yes, ID. # \_\_\_\_\_  
(IF YES, PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE.)

**FIRM NAME** \_\_\_\_\_ FAX \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FINANCE:** Please check which terms you usually pay merchandise bills:  30 days  1%10 Net30  
Estimate monthly purchases from FC Lighting: \_\_\_\_\_

Borrow Account #: \_\_\_\_\_ Name of Title Co.: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_

**BANK**  
Address & zip code \_\_\_\_\_  
Account # \_\_\_\_\_

**5 TRADE REFERENCES**

(Name of your suppliers, date your account was open and account number, if any.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
St. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
St. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
St. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
St. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
St. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_

Ownership  Proprietorship  Partnership  Corporation  Incorporated within last 18mos.

Name of Parent company, If Subsidiary \_\_\_\_\_

Proprietor or 1.) \_\_\_\_\_ S.S.# \_\_\_\_\_  
Partners' names 2.) \_\_\_\_\_ S.S.# \_\_\_\_\_

Do you pledge or borrow on your accounts receivables? \_\_\_\_\_ Name and Title of person for Accounts Payables  
Insurance carried (specify) \_\_\_\_\_ From whom? \_\_\_\_\_

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES WITH THE APPROVED TERMS & CONDITIONS ON REVERSE SIDE.

SIGNED X \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(Officer)