

# 1000Bulbs.com

Fax: 972-764-5968 | Phone: 800-624-4488

## CREDIT APPLICATION AND PAYMENT AGREEMENT

The following information is provided by applicant to 1000Bulbs.com for the purpose of obtaining credit for purchases of material and services.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  Use this Address for Billing

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_  Use this Address for Billing

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Entity Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  Use this Address for Billing

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Note: Please indicate which address above is to be used for billing.*

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Taxable:  Yes  No *If nontaxable, please attach a texas resale certificate and submit it along with this agreement.*

Person supplying information:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Person to contact on credit and financial matters:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Type Of Business:  Corporation  Partnership  Sole Proprietorship

If **Incorporated**, please provide the names of company officers:

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

SECRETARY/TREASURER: \_\_\_\_\_

If company is **Partnership or Sole Proprietorship**, please provide the following information on each of the partners and/or proprietors:

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ FAX: \_\_\_\_\_

.....

NAME: \_\_\_\_\_

STREET : \_\_\_\_\_

CITY : \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ FAX: \_\_\_\_\_

.....

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Length Of Time In Business: \_\_\_\_\_

Estimated Monthly Purchases From Service Lighting: \_\_\_\_\_

Purchase Order Numbers Required:     Yes             No

## TRADE AND BANKING REFERENCES

1.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4.

Company: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Officer Handling Account: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CREDIT APPLICATION**

Applicant agrees to pay for all purchases from Service Lighting & Electrical Supplies, Inc. in accordance with the credit terms as follows:

1. Terms are Net 30, due 30 days after date of invoice.
2. Applicant agrees that it is responsible for payments of all purchases made by the applicant and the applicant's employees. In the event payment is not timely made, interest will accrue at the highest rate allowed by law on all past due expenses associated with collection of the account, including but not limited to, reasonable attorney's fees in the event the account is placed with an attorney for collection or suit. Applicant agrees to pay all amounts due and owing for purchase at the offices of Service Lighting & Electrical Supplies, Inc. in Mesquite, Dallas County, Texas.

Agreed to and accepted by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**PERSONAL GUARANTEE**

I personally guarantee the payment of all debts incurred to Service Lighting & Electrical Supplies, Inc., in behalf of the applicant company, \_\_\_\_\_ . In the event that payment for said debts are turned over for collection or presented for payment in a court of law, payment will be made upon presentation of unpaid invoices with certification of non-payment by a public accountant certified in the State of Texas.

Agreed to and accepted by: *(Personally and Individually)*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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