

Credit Application

LUI Sales Person:

Corporate Office

15816 N Greenway Hayden Loop #100
 Scottsdale, AZ 85260
accounting@lu-az.com
 P 480-483-1177
 F 480-443-1919



**** Net 30 Accounts take 3-7 days to process. Please complete all fields.**

Business Information

Business or Corporate Name:			Date:		
Billing Address:		City:	State:	Zip:	
Ship/Delivery to Address (if different)		City:	State:	Zip:	
Accounting Contact Name:		Email:	Phone:		Fax:
Lighting Purchaser:		Email:	Phone:		Fax:
Year Business Established?		Number of employees:	Do you want invoices electronically? Yes / No		
Do you require a monthly statement? Yes / No			Does your company require Purchase orders? Yes / No		
Type of Business (circle one): Sole Proprietor Corporation Partnership			How did you find out about Lighting Unlimited?		
Estimated yearly lighting purchases?		Federal Tax ID #		Contractor's License #	
Are you tax exempt? Yes / No		* if you are, please send back your signed Arizona tax resale 5000A form			

Ownership

Principal Name:		Email:		Phone:	
Address:			City:	State:	Zip:
Principal Name:		Email:		Phone:	
Address:			City:	State:	Zip:

Bank Reference

Bank Account Type (circle one) – Checking / Savings					
Bank Name:			Account number:		
Bank Phone:			Bank Fax:		
Bank Address:			City:	State:	Zip:

Trade References (Major Suppliers)

1. Company Name:		Account Number:		
Address:		City:	State:	Zip:
Contact:	Phone:	Fax:		
2. Company Name:		Account Number:		
Address:		City:	State:	Zip:
Contact:	Phone:	Fax:		
3. Company Name:		Account Number:		
Address:		City:	State:	Zip:
Contact:	Phone:	Fax:		

Credit Card Guarantee

MC/Visa/Amex # _____	Expiration date _____	CSV code _____
Card Holder Name _____	Address _____	Zip _____

Terms and Conditions for an Open Account

<ol style="list-style-type: none"> 1. By signing this application you authorize your bank and references to release financial information relating to credit worthiness. 2. By signing this application you attest to financial responsibility and willingness to pay all invoices in accordance with the terms of net 30 days. 3. If the account becomes delinquent and is turned over to a collection agency or attorney, the undersigned agrees to pay all fees incurred for the cost of collection. A service charge of 1.5% per month (18% annually) will be applied to all balances after 30 days. A service fee of \$30 will be charged for each returned check. 4. Applicant agrees to full payment according to the terms of each invoice. In the event of non-payment within said terms, applicant agrees to authorize Lighting Unlimited to charge the above Credit Card Guarantee for the outstanding balance, plus any applicable interest and fees.
<p>Authorized Signature : _____ Title: _____ Date: _____</p> <p>Print Full Name _____</p> <p>Personal Guarantee of Principal: _____ Date: _____</p>