



2140 Merritt Dr. – GARLAND, TX 75041

PHONE: 1-800-624-4488 FAX: 972-543-0538

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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: \_\_\_\_\_ BILLING: \_\_\_\_\_

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

P.O. BOX NUMBER: \_\_\_\_\_ BILLING: \_\_\_\_\_

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

CORPORATE  
ENTITY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ BILLING: \_\_\_\_\_

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

\*\*\*\*\*NOTE: PLEASE INDICATE WHICH ADDRESS ABOVE IS TO BE USED FOR BILLING\*\*\*\*\*

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TAXABLE: (YES) \_\_\_\_\_ (NO) \_\_\_\_\_  
(IF NONTAXABLE, PLEASE ATTACH A TEXAS RESALE CERTIFICATE AND  
SUBMIT IT ALONG WITH THIS AGREEMENT)

NAME AND TITLE OF PERSON SUPPLYING INFORMATION: \_\_\_\_\_

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NAME, TITLE AND TELEPHONE OF PERSON TO CONTACT ON CREDIT AND FINANCIAL MATTERS:

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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: \_\_\_\_\_

LENGTH OF TIME IN BUSINESS: \_\_\_\_\_

ESTIMATED MONTHLY PURCHASES FROM 1000Bulbs.com: \_\_\_\_\_

PURCHASE ORDER NUMBERS REQUIRED: (YES) \_\_\_\_\_ (NO): \_\_\_\_\_

**TRADE AND BANKING REFERENCES**

COMPANY NAME

ADDRESS

TELEPHONE &  
FAX #

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

OFFICER HANDLING ACCOUNT: \_\_\_\_\_

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

**Credit Application**

Applicant agrees to pay for all purchases from 1000Bulbs.com 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 payment 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 amounts. Applicant also agrees to pay all costs and 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 purchases at the offices of 1000Bulbs.com in Garland, Dallas County, Texas.

Agreed to and accepted by: \_\_\_\_\_  
(Company Officer, Partner or Proprietor)

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

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

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

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### **PERSONAL GUARANTEE**

I personally guarantee the payment of all debts incurred to 1000Bulbs.com 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)

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

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