

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: _____