

BUSINESS CREDIT APPLICATION

13950 Business Center Drive
Lake Forest, IL 60045
Tel: (847) 735-8330
Fax: (847) 735-8004
www.NeptunLight.com

GENERAL INFORMATION

Company Name*	Type of Business	Phone Number	Fax Number
D-U-N-S Number	Company Website	Primary Email	Billing Email

BILLING ADDRESS

SHIPPING ADDRESS

Name	Name
Address	Address
City, State Zip	City, State Zip

TYPE OF OWNERSHIP

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Electrical Contractors |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Stocking Distributor | <input type="checkbox"/> Lighting Showroom |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Online Distributor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government | <input type="checkbox"/> OEM | |

Resale Certificate: ☐ Yes / No ☐

(If yes, please provide copy)

Years in Business: _____

(Note: If in business less than one year, you must submit personal guarantee)

Parent Company Name (If different from above)

Address City State Zip

BANK REFERENCES

#1	Name	Phone	Fax	Account Number	Contact
#2	Name	Phone	Fax	Account Number	Contact

OPEN ACCOUNTS REFERENCES

#1	Name	Phone	Fax	Account Number	Contact
#2	Name	Phone	Fax	Account Number	Contact
#3	Name	Phone	Fax	Account Number	Contact
#4	Name	Phone	Fax	Account Number	Contact

AUTHORIZATION

THE ABOVE INFORMATION IS SUBMITTED FOR YOUR CONSIDERATION AS A BASIS FOR THE EXTENSION OF CREDIT TO US. I/WE AUTHORIZE NEPTUN LIGHT INC. TO VERIFY OR CHECK ANY OF THE INFORMATION GIVEN AND TO OBTAIN CREDIT REPORTS. COMPANY* (*AS STATED ABOVE) AGREES FULL AND PROMPT PAYMENT AT MATURITY OF ALL INVOICES THAT NEPTUN LIGHT INC., ITS SUBSIDIARIES, DIVISIONS AND AFFILIATES RENDER FOR MERCHANDISE FURNISHED. THIS AGREEMENT WILL REMAIN IN FORCE UNTIL ITS REVOCATION IS ACKNOWLEDGED IN WRITING. COMPANY* ALSO AGREES TO PAY 25% COLLECTION AND LEGAL EXPENSE SHOULD SUCH ACTION BE NECESSARY. INTEREST TO BE CHARGED ON PAST DUE INVOICES AT THE RATE OF 12% PER ANNUM.

Authorized Signature	Date	Printed Name	Date
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Inter Office Use Only

Date: ____/____/____ Terms: _____ Credit Limit: _____ Rep: _____ Approved by: _____