



CREDIT APPLICATION & AGREEMENT

COMPANY INFORMATION

Company Name (Doing Business As [DBA])		Full Legal Business Name			
Physical Street Address (No PO boxes) ()		City	State	Zip	Country
Telephone Number	Fax Number	E-Mail Address			
Billing Address (If different from above) ()		City	State	Zip	Country
Accounts Payable Telephone Number	A/P Fax Number	A/P E-Mail Address			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is your organization incorporated?	Date Inc/Established	State of Inc.	Federal ID #	# Employees	
<input type="checkbox"/> Yes <input type="checkbox"/> No If NO , Provide current exemption certificate					
Are your purchases taxable?		# of years under current ownership			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES , provide list of authorized purchasers			
Does your organization require POs?		Do you have a list of authorized purchasers?			
Entity Type/Structure: (Please check all that apply)					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> School	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Gov't
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Franchise	<input type="checkbox"/> Contractor	<input type="checkbox"/> State Gov't
					<input type="checkbox"/> Federal Gov't
					<input type="checkbox"/> Other _____

OWNER/OFFICER

1.	()
Name	Address (Home address for owners, No PO boxes) Telephone Number
	City State Zip
2.	()
Name	Address (Home address for owners, No PO boxes) Telephone Number
	City State Zip
<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Has your corporation, any of the Owners, Partners, or Officers filed bankruptcy in the past seven years? If so please provide details.	

TRADE REFERENCES

1.	Company Name		Address	City	State	Zip
	()		()			
	Credit Dept Telephone Number	Credit Dept Fax Number	Account Number			
2.	Company Name		Address	City	State	Zip
	()		()			
	Credit Dept Telephone Number	Credit Dept Fax Number	Account Number			
3.	Company Name		Address	City	State	Zip
	()		()			
	Credit Dept Telephone Number	Credit Dept Fax Number	Account Number			
4.	Company Name		Address	City	State	Zip
	()		()			
	Credit Dept Telephone Number	Credit Dept Fax Number	Account Number			

By executing this application applicant affirms that they have internet access and have read, understood and agreed to be bound by Light Bulb Depot's ("LBD") terms & conditions located at <http://www.lightbulbdepot.com> and to the following: No modifications to these terms or additional terms will be binding on LBD unless agreed to in writing by an officer of LBD. Any credit extended by LBD is at the sole & absolute discretion of LBD & may be modified or revoked at any time, for any or no reason. If LBD approves this application, I/we agree to pay for all goods/services bought within 30 days of receipt of said goods or services. I authorize LBD or its agent(s) to retrieve information from any source to be used for the purpose of granting credit. Should LBD have to take legal action or otherwise to collect the balance of the account, THE UNDERSIGNED PROMISES TO PAY ALL COSTS OF COLLECTION WHICH MAY INCLUDE BUT IS NOT LIMITED TO CONTINGENCY COLLECTION FEES, 1.5% INTEREST (COMPOUNDED MONTHLY) ON THE OUTSTANDING DEBT AND ALL ATTORNEY'S FEES.

Authorized Signature _____ Date _____
 Printed Name _____ Title _____