



## APPLICATION FOR CREDIT

Date of Application: \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_ Sales Rep: \_\_\_\_\_

Legal Company Name: \_\_\_\_\_

Doing Business as (if different): \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Comp. Website: \_\_\_\_\_ D & B#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years In Business: \_\_\_\_\_ Years At Present Location: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Private Corporation \_\_\_\_\_ Partnership  
\_\_\_\_\_ Public Corporation \_\_\_\_\_ Individual/ Sole Proprietorship

**Officers: (Include Name, Position, Home Address, Home Telephone Number & Cell/Pager#)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Banking References: (Include Name, Address and Telephone #)**

1. \_\_\_\_\_

**Trade References (Please provide at least one reference from the Lighting/Electrical industry):**

	Company Name	Address	Phone	Fax
1				
2				
3				

In making this application for credit, we agree to pay all invoices within 30 days from date of invoice and to pay a service charge of 1 ½ % per month (annual rate of 18%) on all overdue balances.

**Signature & Title:** \_\_\_\_\_

**5200 Dixie Road, Unit 34, Mississauga ON L4W 1E4  
Telephone: 905-238-0767 / Fax: 905-238-1178**