

TO:



INTERNATIONAL LIGHTING CORPORATION  
7939 New Jersey Avenue  
Hammond, IN 46323-3040

Telephone 219•989-0060  
FAX 219•989-1022

## CREDIT APPLICATION

Thank you for selecting INTERLIGHT for your lighting needs. In our quest to serve you better, we often can provide credit terms. To give appropriate consideration of your request, please complete this application fully and return it promptly to our credit department. If the space provided is not adequate or if you would like to submit any other information, please attach additional sheets as necessary.

Date: \_\_\_\_\_, 20\_\_\_\_

YOUR NAME \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

Year of Organization \_\_\_\_\_

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

Dunn & Bradstreet # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Fed. Tax or SS No. \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Are products for resale? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state of issuance and resale tax no. (include copy) \_\_\_\_\_

Are you a tax exempt entity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, exemption no. (include copy) \_\_\_\_\_

### Principal Owner/Partner/Officer

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

SS No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

### BANK REFERENCES

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Checking Acct. No.: \_\_\_\_\_

Loan Acct. No.: \_\_\_\_\_

**TRADE REFERENCES --- Must Be Completed in Full --- INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

**\*Do not use credit card companies as they do not share credit information.**

**IMPORTANT**-Please furnish FAX NUMBERS for fastest credit processing.

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**CREDIT CARD INFORMATION (optional) --- A credit card guarantee is a convenient method for obtaining immediate credit. Completion of this section will allow Interlight to process your application immediately. Your credit card will only be used as a guarantee for payment; your card will not be charged as long as invoices are paid within 30 days.**

Type of Card: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

The above information is warranted to be true. I hereby authorize Interlight to procure a credit report, agree to the release of all credit/account information from any named reference as requested by INTERLIGHT, and hereby release Interlight, and any all persons associated with Interlight, from any and all claims and liabilities by me or others making a claim on my behalf for providing a credit report hereby authorized. I agree that if credit is given, all invoices will be due and payable net 30 days, and all sales are subject to the terms and conditions located on the front and back of INTERLIGHT's sales invoice. I agree to pay all costs associated with collections on past due amounts. I will promptly advise INTERLIGHT of any changes in the information provided.

\_\_\_\_\_  
Authorized Signer  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**All Applications Must Include Signature of Principal or Owner**

**WE ACCEPT ALL MAJOR CREDIT CARDS**