

CREDIT APPLICATION

COMPANY REFERENCE

Company Name					
DBA					
Billing Address					
City, State and Zip Code	e				
Shipping Address					
Telephone No.		[] Distributor			
Web Site Address					
Dun & Bradstreet No.		Annual Sales (Million)			
Federal ID No.					
Ownership	[] Individual	[] Partnership	[] Corporation		
	[]S-Corp	[]LLC			
Type of Business	[] Distributor	[]VAR	[] System Integrator		
OFFICER INFORMATIO)N				
President					
Accounts/Payable		Email(Receive I	nvoice)		
Telephone No.					
Fax No					
Purchasing:					
Telephone No		Extension No.			
Fax No					
Receiving:		Email(Receive I	Invoice)		
Telephone No.					
Fax No.					
Branch*		Email(Receive I	nvoice)		
Telephone No.					
Fax No.					

BANK REFERENCE

Name		_ Name	
Address		_ Address	
		_	
Telephone No.		– Telephone No.	
Fax No.		– Fax No.	
Contact		_ Contact	
Account No.		Account No.	
Account Type	[] Checking	Account Type	[] Checking
	[] Saving		[] Saving

TRADE / CREDIT REFERENCE

Contact Person Tetephone No. Fax No.* E-mail Address * 2. Company Name Contact Person Tetephone No. Fax No.* E-mail Address * 3. Company Name Contact Person Tetephone No. Fax No.* E-mail Address * 3. Company Name Contact Person Tetephone No. Fax No.* E-mail Address * * Sates Representative for this account: Account No. [] Credit Approved Amount Credit Approved By: Date: / / All statements made herein are true and accurate to the best of our knowledge. We authorize VMS Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VMS Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature: Title: Date: / /	1.	Company Name						_
Fax No.*		Contact Person						_
E-mail Address *		Telephone No.						
2. Company Name Contact Person Telephone No. Fax No.* E-mail Address* 3. Company Name Contact Person Telephone No. Fax No.* E-mail Address* * Please fill out this field Sales Representative for this account: Account No. [] Credit Approved Amount Credit Approved By: Date: / / All statements made herein are true and accurate to the best of our knowledge. We authorize VM5 Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit Signature:		-						_
Contact Person		E-mail Address *						_
Telephone No. Fax No. * E-mail Address * 3. Company Name Contact Person Telephone No. Fax No. * E-mail Address * * Please fill out this field Sales Representative for this account: Account No. [] Credit Approved Amount Credit Approved By: Date: / All statements made herein are true and accurate to the best of our knowledge. We authorize VM5 Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature:	2.	Company Name						_
Fax No. *		Contact Person						_
E-mail Address * 3. Company Name Contact Person Telephone No. Fax No. * E-mail Address * * Please fill out this field Sales Representative for this account: Credit Approved By: Date: / / All statements made herein are true and accurate to the best of our knowledge. We authorize VM5 Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature:		Telephone No.						_
3. Company Name Contact Person Telephone No. Fax No.* E-mail Address * * Please fill out this field Sales Representative for this account: Account No. [] Credit Approved Amount Credit Approved By: Date: / All statements made herein are true and accurate to the best of our knowledge. We authorize VM5 Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature:		Fax No. *						_
Contact Person		E-mail Address *						_
Contact Person	3.	Company Name						
Fax No. *	•.							_
Fax No. *		Telephone No.						_
* Please fill out this field Sales Representative for this account: Account No. [] Credit Approved Amount Credit Approved By: Date: / / All statements made herein are true and accurate to the best of our knowledge. We authorize VM5 Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature:		•						_
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Lighting Solutions, LLC to make any and all enquiries necessary for action on this credit application. We hereby indemnify VM5 Lighting Solutions, LLC and its agent from any liability resulting from their credit survey. Authorized Signature:	I	[] Credit Approved	Amount	Credit Approved By:		Date:	/	/
	۱ ۱	Lighting Solutions, LL We hereby indemnify	_C to make any and all enquir	ies necessary for action	on this credi	it applic	ation	
Title: Date: / /	/	Authorized Signature	:					
	-	Title:			Date:	/	/	