

Bring the best to you



CREDIT APPLICATION

1305 Lakes Parkway Suite # 107
Lawrenceville GA 30043
Telephone: (678) 407-4983 Fax: (678) 407-0262

Company Name: _____ Contact: Purchasing _____ E-mail _____
Tel#: _____ Fax#: _____ A/P _____ E-mail _____
Billing Address: _____ City _____ State _____ Zip _____
Shipping Address: _____ City _____ State _____ Zip _____
() Corporation: Date _____ State _____ () Partnership () Individual
Type of Business: _____ Date Established _____
Annual Sales: _____ Estimated Monthly Purchase _____ Credit Requested _____
Dun & Bradstreet# _____ Resale# _____ Federal ID# _____
Principals, Partners or Officers:

Table with 5 columns: Name, Home phone#, Title, SS#, % of Ownership. Row 1: Home Address, City, St, Zip

Table with 5 columns: Name, Home phone#, Title, SS#, % of Ownership. Row 1: Home Address, City, St, Zip

Bank Reference: (If more then one bank, please attach all banks)

Bank Name: _____ Contact Name: _____ Tel: _____
Checking Account# (1) _____ (2) _____
Saving Account# _____ Loan # _____

Trade Reference:

1. Name: _____ Contact Name: _____ Term: _____ Credit line: _____
Tel: _____ Fax: _____ Accout#: _____ Open Date: _____
2. Name: _____ Contact Name: _____ Term: _____ Credit line: _____
Tel: _____ Fax: _____ Accout#: _____ Open Date: _____
3. Name: _____ Contact Name: _____ Term: _____ Credit line: _____
Tel: _____ Fax: _____ Accout#: _____ Open Date: _____

I/We hereby authorize the above credit references to disclose all details necessary to enable GP Lights USA to establish a COD Company Check or an open account. I/We also Hereby certify that the information provided to GP Lights USA is correct and true. Therefore, I/We agree to comply with these terms. I/We understand GP Lights USA will charge \$25 for each return check, payment or accrual of interest does not extend terms or defer payment of any past due invoice. Interest accrue on all invoices considered past due by the terms extended to me/us at the rate of 18% per year. In the event payment is not made and this account is referred for collections, I/we will pay actual cost of collection of a minimum amount of 25% of the balance. If suit of action by an attorney is instituted, I/We promise to pay your attorney fees in said suit of action.

Signature _____ Title _____ Date _____

INDIVIDUAL PERSONAL GUARANTEE (sign by owner only)

I/We undersigned agree to guarantee payment of all sums due and owing. This guarantee shall be a continuing and irrevocable guarantee and indemnity to GP Lights USA.

Signature _____ Address _____
SS# _____ DL# _____ Date _____

** Please fax a copy of your resale certificate and signed resale form as well regardless of what state you are in.
** If you are applying for net terms please fax an updated financial statement as well.

Is tax applicable to your purchases: Yes: _____ No: _____