

PASKAL LIGHTING

12685 Van Nuys Blvd., Pacoima CA. 91331
(818) 896-5233 FAX (818) 485-0157

APPLICATION FOR CREDIT 12/06

Thank you for your interest in opening an account. Before an open account can be established the following information must be completed. Please note that we are a net 10 day company and no other terms are available.

Company:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	

Type of Organization: Individual Partnership Corporation No. of employees: _____

Name, Home address and Phone of 2 Principals of firm (This information will be held strictly confidential.)

Name:			Name:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Phone:	Fax:		Phone:	Fax:	

Year business established: _____ Type or kind of business: _____

Persons authorized to Buy: _____

Accounts payable contact: _____ Phone: _____ Fax: _____

Special Instructions: _____

Resale # : _____ Federal Id # : _____

Banking Information:

Name of Bank:		Branch:			
Contact:			Phone:		
Fax:	City:		St:	Zip:	
Account # :	Type of Account:		Checking:	Savings:	

Trade References: We prefer four (4) local references, Note: all inquires will be made in a confidential manner.

Name:			Name:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Phone:	Fax:		Phone:	Fax:	
Name:			Name:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Phone:	Fax:		Phone:	Fax:	

Customer hereby warrants that the representations herein made are true and correct and that they are made for the purpose of introducing the extension of credit to the undersigned. It is understood that you agree to pay all reasonable attorney's fees in the event legal action is needed to secure payment of proper charges to your account.

Customer further agrees to pay a surcharge on all invoices 10 days past due in the amount of 1½% per month on the unpaid balance, representing an annual charge of 18%.

Application must be signed by a corporation officer, partner or sole proprietor. Signed: _____

Title: _____

Date: _____

Rental Agent: _____

Limit Requested: _____