

Account No. _____ Credit Limit: \$ _____ Approved by: _____ Sales person: _____



CENTRAL LIGHT Credit Application

Date: _____ Maximum Credit Applied for \$ _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ Contact Name: _____

Contact should be person responsible for all invoices and payments on account.

Would you be interested in receiving your invoices/statements via: (circle one)

US Mail

Email

Fax

(Email address)

(Fax number)

Tax Exempt? Y N Tax Exempt No: _____

If YES, a completed Tax Exempt Certificate must be attached.

Type of Business: _____ Name of Officers/Owners: _____

No. of years established: _____ SS# of Owner/Officer: _____

Name(s) of authorized buyers on this account: _____

Are Purchase Orders required to charge on your account? Y N

Will you pay partial orders? Y N

Please understand, our terms are Net 30 and all invoices are due and payable on the 30th day from date of purchase, whether or not project is complete.

Signed by: _____
Owner/Officer of the company

(Please complete reverse side)
TRADE REFERENCES

(In order for us to process your application, we will need ALL information completed)

1. Name of Company: _____ Account #: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Contact: _____

2. Name of Company: _____ Account #: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Contact: _____

3. Name of Company: _____ Account #: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Contact: _____

BANK REFERENCE

Name of Bank: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Contact: _____

Please FAX completed form to (513)770-3209 or
Mail to Central Light Credit Dept.
7944 Innovation Way
Mason, Ohio 45040
Call (513) 229-7100 with any questions,
or email: bbryans@centrallight.com