

Credit Application for a Business Account			
BUSINESS CONTACT INFORMATION			
Name & title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
AGREEMENT			
All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Vode Lighting, LLC to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Signature:		Signature:	
Printed Name:		Printed Name:	
Title:		Title:	
Date:		Date:	