860 S. Williams St., PO Box 6 Decatur, Michigan 49045 Ph: (800) 821-6531 Fx: (800) 423-7610 www.special-lite.com



## **Credit Application**

Company Nam	ne:				
If your compan	ny has an association with another company (bra	nches, dba, etc.), plea	se describe this rela	tionship.	
Branch /	☐ Division / ☐ Subsidiary of:				
Billing Address:		Shipping Address:	☐ Commercial	☐ Resi	dential
Phone #: _()		Fax #: <u>(</u> )			
Accounts Payable Contact:		A.P. Email:			
Nature of your business:				ear Est.:	
If Rusiness is:	☐ Prop. / ☐ Partner			_	
ii Badii idda id.	List names and Social Security #'s:				
	-OR-				
	Corp.: List names and titles of officers:				
and F	Federal Tax #				
National Credit	t References (Three (3) required - Please type or p	rint legibly.)			
<u>Name</u>	<u>Address</u>	Phone/Fax	<u>Email</u>		
1.)		( )			
		( )			
\$	Credit Limit Requested				
Bank Reference	Ce (Please type or print legibly.)				
<u>Name</u>	<u>Address</u>	<u>Phone</u>	Accou	nt #	
1.)		( )			
	are Net 30 days. Accounts exceeding terms of s				
	<ul> <li>Past due invoices subject to finance charge at irchaser agrees to pay all expenses, including col</li> </ul>				
	paid or incurred by Special-Lite, Inc. in endeavoring of Special-Lite, Inc.	ng to collect sums due	and owing by the pu	ırchaser. V	enue at
	•	a agreement for the	Durchager and hour		
comply with t	ure, I acknowledge I am authorized to sign thi he credit terms and conditions as stated abov	e in consideration for	or the extension of	credit by S	agree to Special-
Lite, Inc.					
Purchaser's Au	uthorized Agent and Title:	(Diagramis)			
		(Please print name a			
Purchaser's Au	uthorized Signature:		Date		
Special-Lite Re	ep. Signature.:		Date	. ,	1