

CREDIT APPLICATION

CUSTOMER INFORMATION

COMPANY NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

BANKING INFORMATION

COMPANY NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

SUPPLIER REFERENCES

PLEASE LIST 3

COMPANY NAME _____
CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

CREDIT LIMIT

COMPANY NAME _____
CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

CREDIT LIMIT

COMPANY NAME _____
CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

CREDIT LIMIT

RETURN COMPLETED FORMS TO AL ACCOUNTING DEPT. : **FAX 631-698-2335**

E-MAIL : ***accounting@allightingltd.com***

SUBMIT APPLICATION

THANK YOU.