

NEW CUSTOMER PAYMENT FORM

CUSTOMER INFORMATION

COMPANY NAME _____
ADDRESS _____

CITY _____
STATE _____
ZIP _____
PHONE _____
FAX _____
E-MAIL _____

PAYMENT

AMOUNT OF PAYMENT _____ (FULL PAYMENT REQUIRED BEFORE PRODUCTION CAN START)

CREDIT CARD TYPE VISA AMERICAN EXPRESS
 MASTERCARD DISCOVER

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

IF WE ENCOUNTER DIFFICULTY IN PROCESSING YOUR CREDIT CARD PAYMENT, PLEASE INDICATE HOW YOU WOULD LIKE US TO CONTACT YOU:

E-MAIL FAX TELEPHONE

NEW YORK COMPANIES:
PLEASE SUBMIT THE RESALE CERTIFICATE
OR SALES TAX WILL BE ADDED.

RESALE CERTIFICATE

FOR FUTURE SALES TERMS (NET 30 DAYS)
PLEASE SUBMIT CREDIT APPLICATION.

CREDIT APPLICATION

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

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

SUBMIT FORM

THANK YOU.