



RETROFIT SPECIALISTS

FOR OFFICE USE ONLY
SM# _____ C.L. _____ DATE: _____

CREDIT APPLICATION

Name of Firm: _____
D/B/A: _____
Billing Address: _____
Shipping Address: _____
Phone Number: _____ Fax Number: _____
Date Established: _____ Federal ID No: _____
Type of Ownership: [] Corporation [] Partnership [] Sole Proprietor

Names and Titles of officers/owners

Name: _____ Title: _____ SS#: _____
Name: _____ Title: _____ SS#: _____
Name: _____ Title: _____ SS#: _____

Banking Information

Name of Bank - Branch: _____
Address of Bank: _____
Bank Officer to Contact: _____ Bank Acct.#: _____
Bank Phone Number: _____ Bank Fax Number: _____
Sales Tax # _____ [] Expo [] Church

References

Three (3) Major Suppliers: (Please include address, phone #, Fax # and contact name.)

- 1. _____
2. _____
3. _____

(Continued on next page)

Credit Terms

1. Net 30 days with credit approval.
2. A 1-½% charge (computed monthly on overdue balances).
3. Failure to pay finance charges will result in all in-house orders being placed on hold.
4. Recurring late payments will result in a change of terms to COD or cash with order.
5. Any variations from Lighting Plastics Solution's standard credit policy must be agreed to in writing.
6. Depending on payment history, your needs, and other financial data, your credit line may be increased or decreased accordingly.

When this **(30) Thirty Day** account is opened I (we) agree:

1. To pay attorneys and/or collection fees in the event that collection efforts become necessary.
2. The parties hereto agree that any action, suit or proceeding brought to enforce this agreement may, at the option of Lighting Plastics Solutions, be brought to Pinellas County, State of Florida.

Signature: _____ Title: _____ Date: _____

Name: _____ Email Address: _____
Print

Contact Information

Email: info@mylpsolutions.com

TAMPA BAY

800-587-3310
727-446-2451 fax

CENTRAL FLORIDA

800-682-4197
407-398-1003 fax

SOUTHEAST

800-548-9101
770-817-7021 fax

NORTHEAST

877-619-9596
856-661-2447 fax
