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CREDIT APPLICATION

DISTRIBUTOR ACCOUNT APPLICATION

Company Name : _____ Year Incorporated : _____

Principal : _____ Tel : _____ Fax : _____

E-mail : _____ Contact : _____

Billing Address : _____ City : _____

State : _____ Zip : _____ Federal/Tax ID # : _____ Resale # : _____

Accounts Payable E-mail : _____ Accounts Payable Contact : _____

Accounts Payable Phone # : _____

Type of Business : Corporation Partnership Individual

Approximate Annual Sales : _____ Credit Line Requested : _____

(If you are tax exempt, provide certificate or sales will be taxed. A resale certificate is required, No exceptions.)

BUSINESS TRADE REFERENCES

**** EMAIL OR FAX NUMBER MUST BE PROVIDED TO PROCESS THE CREDIT INQUIRY ****

Company Name		Company Name		Company Name	
ACCT #		ACCT #		ACCT #	
Contact		Contact		Contact	
Tel #		Tel #		Tel #	
Fax #		Fax #		Fax #	
Email		Email		Email	

BANK REFERENCES

Name : _____ Tel : _____ Fax : _____

Contact : _____ ACCT # : _____

Signature (we accept digital signature) : _____

I authorize the above references and bank to release relevant credit information to UTOPIA LIGHTING, Inc.

Signed : _____ Title : _____

Print Name : _____

We reserve the right to add to your monthly balance, a service charge of 1/12% per month (18% annual rate) on all amounts unpaid on the first day of the 2nd month following purchase. If this account is placed with a third party for collection, buyer agrees to pay all costs and expenses of collection including the reasonable attorneys fees in addition to the service charges stated above.

PLEASE MAIL THE ORIGINAL SIGNED APPLICATION AND E-mail RESALE PERMIT & COPY TO : support@utopialighting.com