Garden State Bulb Co LLC

Credit Application for a Business Account

Business Contact Information

Title:							
Company name:							
Phone:		Fax:		E-mail:			
Registered company address:							
City:				State:		ZIP Code:	
Date business commenced:							
Sole proprietorship:		Partnership:		Corporation:		Other:	

Business and Credit Information

Primary business address:							
City:				State:		ZIP Code:	
How long at current address?							
Telephone:		Fax:		E-mail:			
Bank name:							
Bank address:					Phone:		
City:				State:		ZIP Code:	

Type of account	Account number
Savings	
Checking	
Other	

Business/trade references

Company name:							
Address:							
City:				State:		ZIP Code:	
Phone:		Fax:		E-mail:			
Type of account:							
Company name:							
Address:							
City:				State:		ZIP Code:	
Phone:		Fax:		E-mail:			
Type of account:							
Company name:							
Address:							
City:				State:		ZIP Code:	
Phone:		Fax:		E-mail:			
Type of account:							

Agreement

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Garden State Bulb Co. to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Signature:		Signature:	
Print Name:		Print Name:	
Title:		Title:	
Date:		Date:	