

**U.L. LIGHTING FIXTURES CORP.**  
600 West John Street, Suite 140A, Hicksville, NY 11801  
Tel: (516) 753-9300 Fax: (516) 605-0417  
info@ullighting.net | www.ullighting.net

**Bank Inquiry**

Date: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Tax ID No.:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **D & B No.:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Type of Account:** \_\_\_\_\_  
**Bank Address:** \_\_\_\_\_ **Checking Account No.:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Checking Account No.:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Savings Account No.:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Money Market Account No.:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Other Account No.:** \_\_\_\_\_

**Agreement**

By submitting this application, I hereby authorize U.L. Wholesale Lighting Fixtures Corp. to make inquiries to the banking information I have provided. I also authorize the above named bank to provide the information requested below.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Filled Out By The Bank:**

**Date Account Opened:** \_\_\_\_\_ **Average Balance:** \_\_\_\_\_

**Existing Loans:** \_\_\_\_\_ **Returned Checks:** \_\_\_\_\_

**Line of Credit:** \_\_\_\_\_ **Average Balance of Line of Credit:** \_\_\_\_\_

**Account History:** \_\_\_\_\_

\_\_\_\_\_

**Customer Rating:** \_\_\_\_\_

\_\_\_\_\_

*The above information is furnished to you in strictest confidence to your request.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_