

**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

**CREDIT APPLICATION**

**DATE:** \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SHIPPING ADDRESS: (IF DIFFERENT FROM BILLING ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ NUMBER OF YEARS IN BUSINESS UNDER THIS NAME: \_\_\_\_\_

NUMBER OF YEARS AT THIS LOCATION: \_\_\_\_\_ SALES VOLUME: \$ \_\_\_\_\_

CREDIT LINE REQUESTED: \_\_\_\_\_ PAYMENT PERSONALLY GUARANTEED?

OTHER LOCATIONS CIRCLE ONE: YES NO

TAX EXEMPTION CERTIFICATE NO.: \_\_\_\_\_

FEDERAL TAX ID NO.: \_\_\_\_\_

D & B NO.: \_\_\_\_\_

**TYPE OF BUSINESS:**

- ELECTRICAL CONTRACTOR
- ELECTRICAL WHOLESALER
- LIGHTING DISTRIBUTOR
- OTHER \_\_\_\_\_

**LEGAL FORM OF OWNERSHIP:**

- SOLE PARTNERSHIP
- PARTNERSHIP
- CORPORATION
- SUBSIDIARY
- DIVISION
- LLC

STATE WHERE YOU'RE COMPANY WAS ORGANIZED: \_\_\_\_\_

SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_

CIRCLE ONE: OWN RENT

**NAMES OF OWNERS & PRINCIPALS**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

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**IF INCORPORATED, NAMES OF OFFICERS & TITLES**

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_

**TRADE REFERENCE INFORMATION**

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_

**All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.**

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

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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