

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: _____
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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: _____