AMERICAN PERMALIGHT® INC.

2570 W 237th Street Ste C ● Torrance, CA 90505-5276 ● Tel 310-891-0924 ● **Fax 310-891-0996**
OrderDesk@AmericanPermalight.com

Credit Application Form

Estimated Amount of Credit applying for: $_____

Company Name _____DBA. _____

Phone ( ) _____ Fax ( ) _____

Billing Address _____

Ship To Address _____

Owner's Name _____ Tax ID # _____

Year established _____ Total Number of Employees: _____

Nature of Business/ Operations at this Facility: _____

Website: _____

Type of Business: Corporation _____ Limited Liability Partnership _____ Proprietorship _____ Other/Indicate : _____

Accounts Payable Direct Phone: ( ) _____ A/P Contact Person: _____

Email Address that we shall email our e-Invoices to: _____

Bank's Name & City _____ Bank Tel.: ( ) _____

Bank Fax: ( ) _____ Contact: _____

TRADE REFERENCES with their A/R email address

Company Name _____ Phone ( ) _____

City, State, Zip _____ Fax ( ) _____

E-mail _____ Contact _____

Company Name _____ Phone ( ) _____

City, State, Zip _____ Fax ( ) _____

E-mail _____ Contact _____

Company Name _____ Phone ( ) _____

City, State, Zip _____ Fax ( ) _____

E-mail _____ Contact _____

We hereby apply for credit and certify that above information is correct. Our orders placed with you are based on your *Terms of Delivery and Payment*. First orders are COD or Visa/MasterCard. We understand your terms are "Net 30 Days from date of invoice" if credit is extended and agree to meet these terms. If any invoices are placed for collection, all cost and expenses incurred in collection, including reasonable attorney fees, will be included in any judgment rendered there under. **We authorize our bank and trade references above to release standard credit information to you.** You may use a copy of this application as written authorization to do so.

Date: _____ Company Name: _____

Signature: _____ Printed Name/ Title: _____