



P. O. Box 98 - 1094 North Main Street
 Ashland City, Tennessee 37015
 Phone: 615-792-6884 – Fax: 615-792-6898

**THE FOLLOWING INFORMATION IS SUBMITTED IN CONFIDENCE AS
 APPLICATION FOR ESTABLISHING A DEALER ACCOUNT**

TYPE OF ACCOUNT REQUESTED: () OPEN LINE** () CASH/CREDIT CARD ACCOUNT

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			
#1 Company name:			
Address:			
City:		State:	ZIP Code:



Credit Application for a Business Account (CONT)

Phone:	Fax:	E-mail:
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Type of account:

#2 Company name:

Address:

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

#3 Company name:

Address:

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

AGREEMENT

1. TERMS ARE NET 30 IF APPROVED FOR OPEN LINE OF CREDIT (** Available for established businesses only with approved credit after 6-12 months payment history with P.M. Lighting, LLC at the sole discretion of company.) **ALL DEALERS MUST PROVIDE A VALID CREDIT CARD FOR PAYMENT UNLESS OTHER ARRANGEMENTS ARE MADE AND AGREED TO BY P.M. LIGHTING, LLC. (See page 4)**
2. INTEREST MAY BE CHARGED ON PAST DUE ACCOUNTS
3. VENUE FOR ANY LEGAL ACTION NECESSARY IN COLLECTION OF PAST DUE ACCOUNTS WILL BE IN V^o o=†@ uV. ANY ACTION WILL INCLUDE ALL LEGAL COSTS INCURRED. IN APPLYING FOR THIS ACCOUNT I ACKNOWLEDGE AND AGREE TO THESE TERMS.
4. ALL CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN SEVEN (7) BUSINESS DAYS.
5. APPLICANT UNDERSTANDS AND AGREES THAT HE OR SHE WILL BE HELD PERSONALLY RESPONSIBLE AND LIABLE FOR ANY UNPAID INVOICES IN THE EVENT THAT "hh@* Vu oCOMPANY IS UNABLE TO PAY "k u=- " #\yVu" o V#-) y- k ANY REASON.

I HEREBY GIVE AUTHORIZATION FOR CREDIT INFORMATION TO BE RELEASED TO P.M. LIGHTING, LLC BY THE ABOVE REFERENCES.

SIGNATURES

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



**LETTER REQUESTING AUTHORIZATION
TO RELEASE CREDIT INFORMATION**

Thank you for your recent interest in establishing credit with our company. Please sign the authorization below to release credit information and complete the enclosed form.

Please submit this form to us with your most recent financial statement. We will contact your credit and bank references and then contact you regarding credit with our company.

Thank you,

Terrie Jones

Office Manager
P. M. Lighting, LLC

[Complete Forms Below Line]

I, _____, recently applied for credit with P. M. Lighting, LLC. I have been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

The release by you of my credit information is authorized whether such information is of record or not. I do hereby release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from any damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

Signature: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

Name on Credit Card:

Company Name:

Billing Address:

City:

State:

Zip:

Credit Card Information:

Type: (VS,MC, AMEX)

CC #:

Exp. Date:

CSV (3 or 4 digit code):

Telephone Number:

AGREEMENT

BY MY SIGNATURE BELOW I AUTHORIZE **P.M. LIGHTING, LLC** to process the credit card listed above for payments on my account. This authorization is valid for purposes of paying for product purchased and also for making payments on past due balances.

SIGNATURES

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date:

Date:

FAX TO: 1-615-792-6898