

APPROVED BY:

## **CREDIT APPLICATION**

PDF Fillable Form

Web: coronalighting.com Tel (800) 727-9262 Fax (800) 727-9957

Email: Sales@coronalighting.com

COMPANY INFORMATION							
Bill To:			Ship To:				
Name			Name				
Address			Address				
City State	Zip	)	City	State	Zip		
OWNERSHIP Proprietorship Partnership Corporation			n Division Subsidiary Branch				
LIST OWNER AND/OR PARENT CORPORATION: YR Started:							
Financial Statements Attached: Yes No Annual Sales: Net Worth:							
Social Security Number or Federal I.D. # Line of Credit Requested:							
Primary Account Contact: Dunn and Bradstreet #:							
Telephone #: () EXT: Fax #: () E-Mail Address:							
Invoicing Method         ☐ Mail         ☐ Fax # ()         ☐ E-Mail:							
TRADE AND BANK REFRENCES							
BANK NAME: (All Fields Required)	TRADE REFERENCE 1: (All Fields Required)						
Tel #	Fax#		Tel#	Fax#			
Address			Address				
City	State	Zip	City	State		Zip	
E-Mail:			E-Mail:				
Account #	Account # Contact			Contact			
TRADE REFERENCE 2: (All Fields Required)			TRADE REFERENCE 3: (All Fields Required)				
Tel#	Fax#		Tel#	Fax	Fax #		
Address			Address				
City	State	Zip	City	State		Zip	
E-Mail:			E-Mail:				
Contact			Contact				
SALES TAX EXEMPTION CERTIFICATION AND GUARANTEE  I certify, that all products purchased from Corona Lighting are for the purpose of resale or to be included into other goods for resale and that we are registered to collect sales and use taxes in the state of							
FOR CREDIT DEPA	Customer #						

CREDIT LIMIT:

DATE APPROVED: