



ElectraLED, Inc.
ELECTRALED, INC.

CREDIT APPLICATION

Please print or type the following information.

Failure to fill in blanks may delay processing. Attach most recent financial statements.

Application must be signed by Owner or duly authorized Officer or Partner.

Email to info@electraled.com or Fax to 727-561-7605, ATTENTION: CREDIT DEPARTMENT

Firm Name: _____
Parent Corporation if applicable: _____
Purchasing Contact: _____
Billing Address: _____
City, State, Zip: _____
Type of Enterprise: ☐ Corporation ☐ Partnership ☐ Proprietorship

Telephone: _____
Fax: _____
Email Address: _____
Website: _____
Country: _____

Names of Principals and Titles: _____ Telephone: _____
Accounts Payable Contact: _____ Email: _____

Date Business Started: _____
Principal Business Activities: _____

Facilities Owned or Leased? _____

Present Yearly Sales Volume: ☐ Under \$50,000 ☐ \$50,000-\$100,000 ☐ \$100,000-\$500,000 ☐ \$500,000-\$1,000,000
☐ \$1,000,000-\$5,000,000 ☐ \$5,000,000-\$10,000,000 ☐ Over \$10,000,000

Bank References

Bank Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
Account Number: _____
Contact: _____

U.S. Trade References

Companies with whom credit has been established: three required

Name: _____
Address: _____
City, State, Zip _____
Type of Business: _____
Contact Person: _____
Email: _____

Telephone: _____
Fax: _____
Payment Terms: _____

Name: _____
Address: _____
City, State, Zip _____
Type of Business: _____
Contact Person: _____
Email: _____

Telephone: _____
Fax: _____
Payment Terms: _____

Name: _____
Address: _____
City, State, Zip _____
Type of Business: _____
Contact Person: _____
Email: _____

Telephone: _____
Fax: _____
Payment Terms: _____

We expect our monthly credit requirements to be approximately _____

In consideration of the extension of a credit account, applicant acknowledges liability for payment of amounts due ElectraLED, Inc. for delivery of ElectraLED products. If ElectraLED Inc. must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate.

By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that ElectraLED, Inc. may reasonably require.

Authorized Signature: _____

Date: _____

Title: _____

