



P.O. Box 32153 Charlotte, NC 28232
Fax Completed Form to **KELLY ALLEN 888-887-4491**

CREDIT APPLICATION

Corporation _____ Partnership _____ Proprietorship _____ LLC _____
Federal Tax ID: _____
Customer Name: _____
Billing Address: _____
City: _____ County: _____ State: _____ Zip: _____
Shipping Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone #: _____ Fax #: _____
A/P Contact: _____ Purchasing Contact: _____
A/P Telephone: _____ Purchasing Telephone: _____
A/P Email: _____ Purchasing Email: _____

Are you Tax Exempt? Yes _____ No _____
Can you accept emailed invoices? Yes _____ No _____

****Please attach a copy of tax-exempt certificate if non-taxable****

Customer understands and agrees that if invoices for products purchased from State Line Lighting, Inc. (State Line Lighting) are not paid within 30 days from the date of each invoice, Customer shall pay to State Line Lighting, in addition to the amount of the invoice, a finance charge of 1.5% per month on the unpaid amount of the invoice.

Customer understands and agrees that upon default by Customer in timely payment of any invoice from State Line Lighting, State Line Lighting may employ an attorney to enforce its rights and remedies, and Customer agrees to pay to State Line Lighting the reasonable attorneys' fees plus all other reasonable costs and expenses incurred by State Line Lighting in exercising its rights and remedies upon default by Customer.

SIGNATURE FOR CUSTOMER:

Date: _____ Name: _____
Title: _____

VENDOR TRADE REFERENCES:

1. Reference Name: _____
Reference Address: _____

Reference Contact: _____
Reference Telephone: _____
Reference Fax / Email: _____

2. Reference Name: _____
Reference Address: _____

Reference Contact: _____
Reference Telephone: _____
Reference Fax / Email: _____

3. Reference Name: _____
Reference Address: _____

Reference Contact: _____
Reference Telephone: _____
Reference Fax / Email: _____

To be completed by State Line Lighting, Inc. Salesperson: This customer is requesting \$ _____ credit limit, net 30 days.

PERSONAL GUARANTEE

To induce State Line Lighting, Inc. to extend credit to the Customer, each of the undersigned, jointly and severally if two or more, hereby absolutely and unconditionally personally guarantees the full and prompt payment of all amounts due from Customer to State Line Lighting, Inc. as and when due.

Guarantor 1: _____
Signature

Printed Name: _____

Home Address: _____

City, State, Zip: _____

Social Security number: _____

Guarantor 2: _____
Signature

Printed Name: _____

Home address: _____

City, State, Zip: _____

Social Security number: _____

Guarantor 3: _____
Signature

Printed Name: _____

Home Address: _____

City, State, Zip: _____

Social Security number: _____