



CREDIT APPLICATION

Please complete all portions of this application. All information will remain confidential. Please return by mail, fax or email to:
Alcon Lighting, Attn: Accounting Department, 2845 S. Robertson Blvd., Los Angeles CA 90034, or Email: accounting@alconlighting.com

COMPANY INFORMATION

Company Name _____

D.B.A.: _____ Year Founded: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID: _____ Web Address: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Accounts Payable Contact: _____ Phone: _____

Fax: _____ Email: _____

D & B Number: _____ Annual Sales: _____

State Resale License # (Please Include a Copy) _____

Alcon Lighting Sales Rep: _____

BANK REFERENCE

Bank Name/Contact: _____

Phone _____ Fax: _____

Account Number: _____ Type Of Account: _____



CREDIT APPLICATION

TRADE REFERENCE #1

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Fax: _____

TRADE REFERENCE #2

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Fax: _____

TRADE REFERENCE #3

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Fax: _____

The Credit Applicant accepts the above terms and states that all information contained in this credit application is true and correct. Applicant authorizes Company to contact references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Signed: _____

Title: _____ Date: _____