



CREDIT APPLICATION

2845 S. Robertson Blvd.
Los Angeles, CA 90034

Tel: (310) 733-1248
Fax: (310) 733-1249

Please complete all portions of this application. All information will remain confidential.
Please return by fax or email to 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: _____ Alcon Lighting Sales Rep: _____

BANK REFERENCE

Bank Name/Contact: _____

Phone _____ Fax: _____

Account Number: _____ Type Of Account: _____



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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 affirms that all information contained in this credit application is true and correct. Applicant authorizes Alcon Lighting & Electric Supply Co. to contact references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Signed: _____

Title: _____ Date: _____