



Business Name: \_\_\_\_\_ Buyer's Name: \_\_\_\_\_  
Business Trade Name: \_\_\_\_\_  
(if different from above or if Division, list Parent Company Name)

E-Mail: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Years in business: \_\_\_\_\_ Have you ever filed for bankruptcy: \_\_\_\_\_

Have you ever done business under another name: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Entity: Partnership: \_\_\_\_\_ Corp: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

If you are tax exempt, provide certificate or sales will be taxed. **No exceptions.**

### Business Trade References

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

### Bank Reference:

Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the above references and bank to release relevant credit information to Deco Lighting, Inc.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

We reserve the right to add to your monthly balance, a service charge of 1/12% per month (18% annual rate) on all amounts unpaid on the first day of the 2<sup>nd</sup> month following purchase. If this account is placed with a third party for collection, buyer agrees to pay all costs and expenses of collection including the reasonable attorneys fees in addition to the service charges stated above.

Deco Lighting  
2917 Vail Ave.  
Commerce, CA 90040

(800) 613-DECO  
Fax: (310) 366-6855  
Support: (310) 366-6866

www.getdeco.com

**FAX SIGNED APPLICATION TO (310) 366-6855**

