



**BUSINESS CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company* Name:		
Phone #:	Fax #:	Primary Email:
D-U-N-S #:	Website:	Billing Email:

**REGISTERED COMPANY ADDRESS**

Address:			
City:		State:	Zip Code:
Number of Years in Business:		Retail Certificate Attached:	W-9 Attached:
Sole Proprietorship:	Partnership:	Corporation:	Contractor:
Government:	Non-Profit:	Distributor:	ESCO:
End User:	Retail:	Other:	

Parent Company Name (if applicable):		
Address:		
City:		State: ZIP Code:

**BUSINESS CREDIT INFORMATION**

Bank Name:			
Phone #:		Email:	
Account #:	Fax #:		

**BUSINESS/TRADE REFERENCES**

Company Name:		
Phone #:	Fax #:	Email:
Account #:		
Company Name:		
Phone #:	Fax #:	Email:
Account #:		
Company Name:		
Phone #:	Fax #:	Email:
Account #:		

**AGREEMENT**

The above information is submitted for your consideration as a basis for the extension of credit to us, I/We authorize Neptun Light, Inc. to verify or check any of the information provided and to obtain credit reports. Company\* (as stated above) agrees full and prompt payment at maturity of all invoices that Neptun Light, Inc., its subsidiaries, divisions and affiliates renders for merchandise furnished. Company\* agrees to Neptun Light, Inc. Terms and Conditions of Sale. **Return by fax to 847-735-8004 or by email to [accounting1@neptunlight.com](mailto:accounting1@neptunlight.com).**

**AUTHORIZED SIGNATURE**

Printed Name:  
 Title:  
 Date:

**NEPTUN USE ONLY**

Date Received:	Terms:	Credit Limit:	Approved By:
Rep:			