

CREDIT APPLICATION

BUSINESS INFORMATION

LEGAL NAME: _____ TRADE NAME: _____
 ADDRESS: _____ CITY: _____
 _____ STATE: _____ ZIP CODE: _____
 PHONE: _____ FAX: _____ A/P FAX: _____
 CHECK ONE: CORPORATION PARTNERSHIP PROPRIETORSHIP SUBSIDIARY OF _____
 YEARS IN OPERATION: _____ TYPE OF BUSINESS: _____
 CONTACT NAME: _____ CONTACT EMAIL: _____
 COMPANY WEBSITE: _____
 E-COMMERCE WEBSITE: _____

SHIPPING INFORMATION (If different than above)

NAME: _____ CONTACT NAME: _____
 ADDRESS: _____ CITY: _____
 _____ STATE: _____ ZIP CODE: _____
 PHONE: _____ FAX: _____

PRINCIPAL INFORMATION

PRESIDENT/CEO/PARTNER: _____
 VP/FINANCE/PARTNER: _____
 TREASURER/CONTROLLER: _____
 A/P MANAGER: _____

BANK INFORMATION

BANK: _____ ACCOUNT NO.: _____
 CONTACT NAME: _____ PHONE: _____
 ADDRESS: _____ CITY: _____
 _____ STATE: _____ ZIP CODE: _____

TRADE REFERENCES

NAME: _____	NAME: _____	NAME: _____
CONTACT: _____	CONTACT: _____	CONTACT: _____
PHONE: _____	PHONE: _____	PHONE: _____
FAX: _____	FAX: _____	FAX: _____

BANK RELEASE

AMERICAN ILLUMINATION, INC.
2421 W. 205th Street
SUITE D103
Torrance, CA 90501
PHONE: (310) 212-6550
FAX: (310) 212-6551

DEAR CREDIT SERVICES:

PLEASE ACCEPT THIS DOCUMENT AS OUR AUTHORIZATION TO RELEASE THE FOLLOWING CREDIT INFORMATION REGARDING OUR BUSINESS ACCOUNT TO **AMERICAN ILLUMINATION, INC.**

THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WITHOUT RECOURSE TO YOU.

THANK YOU IN ADVANCE.

FIRM NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____ **PHONE:** _____

EMAIL ADDRESS: _____

DEPOSITORY ACCOUNTS:

DATE OPENED: _____ IF CLOSED, WHEN: _____

AVERAGE BALANCE: _____ SATISFACTORY: _____

NON-SATISFACTORY HISTORY:

NSF CHECKS: _____

OTHER: _____

BANK FINANCING:

DATE OPENED: _____ AVAILABLE BALANCE: _____

OUTSTANDING: _____ LOAN NO.: _____

COMMENTS: _____