Everbright Lights Inc. 45 Basaltic Rd. Unit 2 Concord ON L4K 1G5
Tel: 905-738-9222 Fax: 1-855-662-7190 Email: sales@everbrightlights.com

CREDIT APPLICATION

Legal Name of Company (In Full): _____

Trade Names (If Any): _____

Billing Address: _____ City: _____Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Contact: _____ Position/Title: _____

Will you accept invoices by email? (Y/N)_____ Email address for billing_____

Bank Name: _____

Address: _____ City: _____Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Contact: _____ Position/Title: _____

TYPE OF BUSINESS: Proprietorship: Partnership: Corporation:

Nature of Business: _____

Years in Business: _____ Credit Limit Required $ _____

TRADE REFERENCES:

Trade Names: _____ Contact: _____

Billing Address: _____ City: _____Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Trade Names: _____ Contact: _____

Billing Address: _____ City: _____Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Trade Names: _____ Contact: _____

Billing Address: _____ City: _____Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

CREDIT TERMS: Net 30 days. The undersigned authorizes Everbright Lights Inc. to proceed with credit investigation as required. We also agree to pay service charges on any overdue portion of our account at the rate of 2% per month (24% per annum).

_____	_____	_____
Signature of Customer	Name & Title (PRINT)	Date of Application