



2725 South College Avenue  
 Fort Collins, CO 80524  
 Phone: (970) 226-3430  
 Fax: (970) 225-9235

Date: \_\_\_\_\_

**CREDIT APPLICATION**

**GENERAL INFORMATION**

Company: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Amount of Credit Desired: \_\_\_\_\_  
 How Long in Business?: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Contractor License #: \_\_\_\_\_ Purchase Order Required? YES \_\_\_ NO \_\_\_  
 Sales Tax Exempt? YES \_\_\_ NO \_\_\_ If yes, Sales Tax License #: \_\_\_\_\_  
 Business is: Corporation \_\_\_\_\_ General Partnership \_\_\_\_\_ Sole Ownership \_\_\_\_\_  
 If Sole Owner, please list Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

**CORPORATE OFFICERS-OWNERS AND/OR GENERAL PARTNERS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

Special Instructions: All officers, partners and employees are authorized to sign for purchases unless otherwise indicated. \_\_\_\_\_

List other names under which the company operates: \_\_\_\_\_  
 Bank/Branch: \_\_\_\_\_ Name of Account: \_\_\_\_\_  
 Checking Acct. #: \_\_\_\_\_ Savings Acct. #: \_\_\_\_\_  
 Construction Loan # and Information: \_\_\_\_\_

**CREDIT REFERENCES: THREE PRINCIPLE SUPPLIERS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Terms: Net 30 Days

It is agreed and understood that the account is due and payable no later than 30 days following date of purchases or upon receipt of invoice. It is further agreed and understood that the terms of the sale provide the title of material shall be retained by The Light Center, Inc. until payment in full of the purchase price whether or not said products are affixed to the building, and the buyer agrees that they may be repossessed at sellers option upon default in payment of thirty days or other agreed specified time. It is further understood and agreed that a FINANCE CHARGE of 1½% per month, which is a PER ANNUM rate of 18%, will be charged on the account if not paid within 30 days. These obligations which are incurred from time to time on this account are payable at the offices of The Light Center, Inc., 2725 South College Avenue, Fort Collins, CO 80525. The purchaser also agrees to pay reasonable costs and attorney fees for collection of account, including costs and attorney fees incurred in relation to any mechanic's lien claim.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTEE: (Must be signed)**

Signature: \_\_\_\_\_ (Individual) Date: \_\_\_\_\_

The Light Center, Inc.: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY