



## Application for Credit Terms

Please complete all portions of this application. All information will remain confidential. Please return by mail, fax or email to: Diode LED, Attn: Accounting Department, PO Box 2294, Orinda, CA, 94563 FAX: (925) 402-0925 Email: Jeff@diodeled.com

Please include a copy of your business license and resale license.

Company name \_\_\_\_\_

D.B.A. \_\_\_\_\_ Year Founded \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Web address: \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Fax: \_\_\_\_\_ email: \_\_\_\_\_

D & B Number \_\_\_\_\_ Annual Sales: \_\_\_\_\_

State Resale License # (Please include a copy) \_\_\_\_\_

Describe Existing Business: \_\_\_\_\_

Business Type \_\_\_\_\_ (Showroom/Electrical Dist./Hardware/Internet Retail)

### Bank Reference

Bank Name/Contact \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**Trade Reference # 1:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Trade Reference # 2:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Trade Reference # 3:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**Trade Reference # 4:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

The Credit Applicant accepts the above terms and states that all information contained in this credit application is true and correct. Applicant authorizes Company to contact references, inquire as to credit information, and receive any confidential information relevant to approving credit.

Please submit the Certificate of Resale for your business with this application.

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_