

*New accounts initial order must be a minimum of \$2,500 orders less than \$2,500 100% Cash in Advance.

Full Legal Name of Business:		Federal ID	
Street Address:		Phone:	
Billing Address:		Cell Phone:	
City:	State:	Zip:	Fax:
E-Mail Address		A/P Contact:	Purchasing Contact (Optional)
Parent Company Name:		City:	State:
Date Business Started		PO Required:	Yes No
Tax Exempt Yes No If YES, certificate must be attached to qualify.			
Please Check One: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation State of Incorporation			

The Following is Required For Proprietorship or Partnership; LLC or Corporation, if Applicable

Name of Owner:		Home Address:	
City	State:	Zip Code:	Social Security Number:
Name of Owner:		Home Address:	
City	State:	Zip Code:	Social Security Number:

APPLICATION INFORMATION MAY BE USED TO OBTAIN A PERSONAL CREDIT REPORT FROM A CONSUMER REPORTING AGENCY

Trade Reference	Address	Phone/Fax Number	Account Number

Bank Name	Address	Account Number
Phone Number	Fax Number	Name on Account

If credit is granted, I/We understand that the terms of the sale are due in full unless otherwise stated on the invoice or purchase agreement. In the event of default Craftmade International (Craftmade) may charge interest on any past due balance at the rate of 1.5% per month (i.e. 18% per annum) with said interest being calculated from the date of default.

In consideration of Craftmade extending credit to the business referenced above ("Applicant"), I/we do hereby agree jointly and individually, to make timely payment for all goods and services supplied to me/us or to any of us or the Applicant regardless of any credit limit assigned by Craftmade. In the event that the Applicant's account ("Account") is placed with a third party for collection, I/we agree to pay all costs including actual attorney fees and court costs incurred by Craftmade in collecting amounts owed to Craftmade by Applicant. I/We agree that Craftmade has the right to schedule the venue of any proceedings commenced against the Applicant and that I/we hereby waive the right to a jury trial.

I/We authorize Craftmade to investigate Applicant's and my/our credit history (both business and personal), bank references and any information deemed necessary by Woodard to extend credit. I/We agree to: (a) immediately notify Craftmade in writing, delivered in person or by certified mail return receipt requested, of any change in Applicant's ownership, form of business, address, or the termination of a person's authority to incur charges under the Account and (b) indemnify defend and hold Craftmade harmless for any loss incurred thereby as a result of my/our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is received by Craftmade.

Authorized Signature	Print Name Here	Title	Date
Authorized Signature	Print Name Here	Title	Date

INTERNAL USE ONLY

<input type="checkbox"/> New Account	<input type="checkbox"/> Active Account (Orders in Prior Year)	<input type="checkbox"/> Previously Established, Inactive Account
Existing Account Name	Account Number (If Existing Account)	Requested Credit Line
Shipping: <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party Bill	<input type="checkbox"/> Prepay & Add to Invoice	<input type="checkbox"/> Customer Pick - up
Sales Program Name	Discount Multiplier	Sales Rep Name
		Date

Craftmade

JEREMIAH

ELLINGTON

TEIBER

EXTERIORS

Credit Card Charge Form

Date _____

FOR OFFICE USE ONLY

Authorization # _____

Authorization Date _____

Credit Card # _____

Visa _____ MC _____ Discover _____ *WE DO NOT ACCEPT AMERICAN EXPRESS

EXP DATE _____ CVV CODE _____

Customer Name _____ Customer # _____

CREDIT CARD STATEMENT BILLING ADDRESS BELOW: *****To avoid processing delay - this section MUST be correct*****

Name on Card _____

Street or PO Box _____

City _____ State _____ Zip _____

Contact Phone Number _____

Total Amount to be charged \$ _____ (if paying for more than 1 invoice, please list out below)

Purchase Order # _____

Invoice # _____	Order Amount \$ _____	Tax Amount \$ _____
Invoice # _____	Order Amount \$ _____	Tax Amount \$ _____
Invoice # _____	Order Amount \$ _____	Tax Amount \$ _____
Invoice # _____	Order Amount \$ _____	Tax Amount \$ _____
Invoice # _____	Order Amount \$ _____	Tax Amount \$ _____

*****If more lines are needed, please attach remittance.

Employee Name _____

*****CASH BEFORE DELIVERY CUSTOMERS ... ADD 25% OF PRODUCT AMOUNT TO ESTIMATE FOR UPS GROUND FREIGHT CHARGE IF YOU DO NOT MEET YOUR PRE-PAID FREIGHT *****

*****IF PRE-PAYMENT IS NOT RECEIVED WITH IN 2 WEEKS OF YOUR ORDER DATE, YOUR ORDER WILL BE CANCELLED *****

COMMENTS _____

FAX BACK TO: 972.304.3796

Keep Card on File at Litex/Craftmade YES NO (Please circle one)

Terms and Conditions

Terms:

Full payment is due according to terms of invoice date. COD shipments require full payment in advance. Past due invoices are subject to a finance charge of 1.5% per month (annual percentage rate of 18%) on the unpaid balance as of the due date of the invoice. Any unauthorized deductions or adjustments to invoices are prohibited. The company reserves the right to accept or refuse any order.

Pricing:

Prices listed are "Distributor Net" and meet certain program requirements. This price list supersedes all previous price lists and is subject to change without notice. Advertised prices are governed by the company's Minimum Advertising Price Policy (MAP/IMAP).

Freight:

Full freight is allowed on orders over \$1500.00 - Ceiling Fans, Light Kits, Glass, Accessories and Lighting (in a single shipment to one location) within the continental U.S. when invoice is paid within required terms. Shipments meeting order requirements to Alaska and Hawaii will have freight allowed to Seattle and Los Angeles respectively. All goods are shipped F.O.B. Grand Prairie or Coppell, Texas warehouses. International shipments and shipments to U.S. territories have no freight allowed program. Shipments are sent the least expensive, not necessarily the fastest way. If you have a preferred carrier, please notify us and we will make every effort to follow your instructions.

Claims:

All products are packed carefully for shipment and freight carrier assumes the responsibility for delivering your shipment in good condition. If transit loss or damage occurs, do not refuse shipment as this action will cause unnecessary delays and expense. In the event of transit damage, obtain the carrier's notation at time of delivery. If order is Full Freight Allowed or Prepaid Freight and product has been damaged, please contact our Customer Service by fax at 877-304-1728.

Return of Product(s):

No product(s) may be returned without advanced written authorization from us. If return of product(s) is necessary, a copy of the written authorization must be included with the product(s) and returned as instructed within 30 days, freight prepaid. The cost of the freight may not be deducted from your invoice. No credit will be issued to the customer's account if product(s) is returned missing parts or has been modified from its original design. Any customer returning good merchandise, may be charged a restocking fee.

Distribution

Merchandise purchased by authorized dealers is intended for resale purposes only. Distribution of merchandise to other lighting retailers for resale purposes must be pre-approved by us.

Credit Approval:

All orders must be approved by the credit department. Placement or acceptance of an order does not constitute the opening of an account. Orders for past due accounts are held until the account is current. All new accounts require ten (10) business days to process and must be accompanied by a signed Litex/Subsidiaries credit application.

The terms, specifications, conditions and prices contained herein supersede all previous terms, specifications, conditions and prices. Prices are subject to change without notice.