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## **Business Credit Application**

## Name/Address Name of Business: Address: Accounting Department Email:

## Address: City: Zip Code: State: Phone: **Company Information** Type of Business: In Business Since: Legal Form Under Which Business Operates: Proprietorship Corporation Partnership If Division/Subsidiary, Name of Parent Company: In Business Since: Name of Company Principal Responsible for Business Transactions: Title: Phone: **Bank Reference** Institution Name: Address: Checking Account #: (Please attach void cheque) Account Manager Name & Email: Phone: **Trade Reference** Name: Name: Name: Address: Address: Address: Contact Name & E-mail: Contact Name & E-mail: Contact Name & E-mail: Phone: Phone: Phone:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature	Date
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