

DEALER APPLICATION



3725 Harry S. Truman Blvd • St. Charles, MO. 63301 • Tel: (636) 410-0290 • Fax: (636) 925-2026 • www.lumaleds.com

COMPANY INFORMATION

Company Name _____ DBA _____
Billing Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
Shipping Address _____ City _____
State _____ Zip _____ Phone _____ Fax _____
Federal Tax ID # _____ State Resale # _____ D & B # _____
Type of Business _____ Year Established _____
Accounts Payable Contact _____ Email _____
Purchasing Contact _____ Email _____
Website Address _____

IMPORTANT: If applying for NET terms, complete the sections below. Credit card payments only need to complete the Company Information above.

ENTITY TYPE Sole Proprietorship _____ Partnership _____ Corporation _____ Other _____

PRINCIPAL(S) OF COMPANY

Name	Home Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK INFORMATION

Bank Name _____ Contact Person _____
Phone _____ Account # _____

TRADE REFERENCES

Company Name _____ Phone _____ Terms _____
Company Name _____ Phone _____ Terms _____
Company Name _____ Phone _____ Terms _____

The undersigned hereby authorizes LUMA LEDS to contact the references listed to assess credit and financial standing. The undersigned represents and warrants that the information given is true and correct and attests financial responsibility, and willingness to pay all invoices. Subject to acceptance and credit approval, terms are 1% 10 NET 30, otherwise payment must be made within 30 days from date of invoice. The undersigned also agrees to pay a finance charge calculated at a rate of 1.5% monthly on any past due balances. In the event of defaulting on the payment of any amount due, the undersigned agrees to pay all outstanding finance charges, reasonable collection costs, including agency, attorney's fees and court costs incurred.

Name _____ Signature _____
Title _____ Date _____

For Office Use: Date

Approved

Declined