



CITY LIGHTS, INC.

3911 W Van Buren #3, Phoenix AZ 85009
 PHONE (602) 233-2552, FAX (602) 233-1102
www.citylightsphx.com

CREDIT APPLICATION

Company Name		
DBA (if different)		
Address		
Phone ()	Fax ()	E-Mail
Account Payable Person/Contact		Amount of credit requested \$
Type of business?	How long in business?	yrs months
Are you a:		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
Date of incorporation		In what state?
Names, titles, addresses, and phone numbers of your three chief corporate officers/partners		
Are you tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax exempt certificate number		(Please provide the Arizona 5000 form Tax Exemption Certificate)
Federal tax ID or Social Security number		
Purchase order number required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Purchasers		
LOCAL TRADE REFERENCES		
Reference #1	Name	
	Address	
	Phone	Fax
Reference #2	Name	
	Address	
	Phone	Fax
Reference #3	Name	
	Address	
	Phone	Fax
BANK REFERENCES		
Bank	Name of Bank	
	Address	
	Phone	Fax
	Account number	
General Terms, Conditions and Personal Guarantee of Account 1. Terms are NET 30 days. A service charge of 1.5% per month on all past due accounts. Minimum order that can be charged on account is \$25.00; any thing under that amount can be cash, check or charge card. 2. No return of goods without prior written authorization (RGA), and a minimum handling charge of 20% of the invoice amount will be charged. 3. Any shortage(s) or error(s) in shipments must be reported within 3 days after the date of shipment. 4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. 5. The undersigned hereby waive notice of non-payment and notice of failure of collection of said account. The undersigned agrees to pay all costs and expenses, including reasonable filing, attorney and collection fees incurred by City Lights, Inc. Personal Guarantee: if the credit customer is not a corporation, then those signing the application personally guarantees payment for all items purchased on said account.		
I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize City Lights, Inc. to make such credit investigation/inquires as sees fit, including the above trade references, banks and obtaining credit reports and to have all trade references, banks and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated above and agree to all of these terms and conditions.		
Authorized signature:		
Printed name:		
Title:	Date:	



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PERSONAL GUARANTEE OF ACCOUNT

(For Limited Liability Companies, Sole Proprietorships and Companies not incorporated)

IN CONSIDERATION THE EXTENSION OF CREDIT TO:

(YOUR COMPANY NAME)

THIS DOCUMENT SHALL CONSTITUTE A CONTINUING GUARANTEE AND REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF RELEASE IS SENT TO THE UNDERSIGNED BY CITY LIGHTS, INC.

THE UNDERSIGNED HEREBY WAIVE NOTICE OF NONPAYMENT AND NOTICE OF FAILURE OF COLLECTION OF SAID ACCOUNT. THE UNDERSIGNED AGREES TO PAY ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY FEES INCURRED BY CITY LIGHTS, INC. FROM:

(YOUR COMPANY NAME)

I (WE) AUTHORIZE CITY LIGHTS, INC. TO MAKE ALL NECESSARY INQUIRIES INTO MY (OUR) CREDIT HISTORY, IN ORDER TO VERIFY THAT THE INFORMATION DISCLOSED ABOVE IS ACCURATE, INCLUDING THE USE OF A CREDIT REPORTING SERVICE.

THANK YOU.

SIGNATURE

NAME

PRIMARY

SOCIAL SECURITY NUMBER

PLEASE PRINT NAME

SIGNATURE

NAME

SECONDARY

SOCIAL SECURITY NUMBER

PLEASE PRINT NAME

ADDRESS

CITY

STATE

ZIP

()

HOME PHONE NUMBER

()

FAX NUMBER