PacLights, LLC
PO BOX 928
Chino Hills, CA 91709
Tel 800-988-6386 Fax 800-685-5689
ST@paclights.com

Ref:

PacLights

Customer / Credit Application

Customer Application

****Please send us a copy of your Resale Certificate****

Company Name:		
Address:		**City:**
State:	**Zip:**	**Country:**
Phone:	**Fax:**	**Email:**

Check all that apply:

Public Subsidiary Division Other
Partnership Sole Proprietor Corporation

Accounts Payable Contact:		
Phone:	**EXT:**	**Email:**

Fed ID# **Resale#** **Issuing State:**

I hereby certify that the information contained herein is complete and accurate. By applying to be a PacLights customer, I have received, and agree to PacLights Sales Terms and Conditions.

Name: **Signature:**

Officer/Title: **Date:**

Credit Application

D-U-N-S Number:

Bank Reference

Bank Name:		
Address:	**City:**	**State/Zip:**
Contact Name:	**Phone:**	**Fax:**
Account Number:		

Trade References

Name of Business:		**Contact Person:**
Address:	**City:**	**State/Zip:**
Date accnt. opened:	**Phone:**	**Fax:**

Name of Business:		**Contact Person:**
Address:	**City:**	**State/Zip:**
Date accnt. opened:	**Phone:**	**Fax:**

Name of Business:		**Contact Person:**
Address:	**City:**	**State/Zip:**
Date accnt. opened:	**Phone:**	**Fax:**

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.

Name: **Signature:**

Offcer/Title: **Date:**