

CHRISTIE LITES

To be considered a valid credit application, this document **must** be received back typed with all of the required fields (outlined in red) completed. We also **require** you to indicate only the primary Christie Lites Location you will be doing business with and who your primary CL Rep is in order for Accounting to know who to contact with questions, approvals, etc. Your signature is optional and may be applied digitally or you may print the form out after typing in your information to sign the form by hand. Please return the completed application to creditdept@christielites.com or by fax to 407-856-0765.

CREDIT AGREEMENT AND APPLICATION

Christie Lites Rep: _____

The location I will primarily be doing business with is:

SALES:	CL-Sales				
RENTALS:	Broadway	Calgary	Chicago	Dallas	Halifax
	Las Vegas	Nashville	New York	Orlando	Ottawa
	Seattle	Toronto	Vancouver	Winnipeg	

Date: _____

Name of Company: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____

Telephone: _____ Facsimile: _____

Contact: _____ Title: _____

E-Mail Address: _____ Website: _____

Person to contact regarding Accounts Payable: _____

Business Information

Type of Ownership: Corporation Partnership Other (specify)

Taxpayer I.D. # / EIN #: _____ State of Organization: _____

Name of Partnership (if applicable): _____

Nature of Business: _____

Years in Business: _____ Years at Above Location: _____

Number of Branches Owned / Operated by this Company: _____

If more than one, does each pay/purchase individually? Yes No

Does this Company Operate Under Other Trade Names? Yes No

Credit Limit Requested: _____

Principle(s) and/or Owner(s)

Name: _____ Title: _____
Telephone: _____ Facsimile: _____
Name: _____ Title: _____
Telephone: _____ Facsimile: _____

Banking Information

Name of Bank _____
Address: _____
City: _____ Prov/State: _____
Postal/Zip Code: _____
Telephone: _____ Facsimile: _____
Contact: _____ Title: _____
E-Mail Address: _____ Website: _____
Banking Relationship: _____ (number of years with this Financial Institution)
Check Signature(s): _____ (number of required signature on cheque)
_____ (names of all authorized signatures)

Does Company use a Purchase Order System: Yes No
If yes, is it: Verbal Written

Please list persons authorized to place orders:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Is the Company Tax Exempt? Yes No

If yes, Please Attach a Copy of Your Tax Exemption Form with this Credit Application.

Trade References

Please be advised that at least three (3) references are required. Companies such as Staples, Home Depot, Payroll Services and/or Telephone Service Providers will not be considered; only those specific to your business/trade.

Name of Creditor: _____
Address: _____
City: _____ Prov/State: _____
Postal/Zip Code: _____
Telephone: _____ Facsimile: _____
Contact: _____ Title: _____
E-Mail Address (required) _____
Years doing business: _____ High Limit \$ _____
Balance Due: _____ Account #: _____

Name of Creditor:		_____
Address:		_____
City:	_____	Prov/State: _____
Postal/Zip Code:	_____	
Telephone:	_____	Facsimile: _____
Contact:	_____	Title: _____
E-Mail Address (required)		_____
Years doing business:	_____	High Limit \$ _____
Balance Due:	_____	Account #: _____

Name of Creditor:		_____
Address:		_____
City:	_____	Prov/State: _____
Postal/Zip Code:	_____	
Telephone:	_____	Facsimile: _____
Contact:	_____	Title: _____
E-Mail Address (required)		_____
Years doing business:	_____	High Limit \$ _____
Balance Due:	_____	Account #: _____

Customer Declaration

Applicant authorizes and consents to the receipt, exchange and use of information about us by Christie Lites and its affiliates for the purposes of obtaining credit or increasing a line of credit and the sharing or exchanging of reports and information with credit reporting agencies, credit bureaus and/or any other person, corporation, firm or enterprise with whom the company has or proposes to have a financial relationship. We authorize these parties to give Christie Lites the necessary financial information. By signing below, we certify that the information given is true and correct and that the account balance will be paid according to the terms of sale/rental.

Name

Signature (optional)

Title

Date

Please return your completed application to creditdept@christielites.com or by fax to 407-856-0765.