

CREDIT APPLICATION

Customer Information

Company Name	_____	Contact	_____
Address	_____	Phone	_____
	_____	Fax	_____

Banking Information

Bank Name	_____	Contact	_____
Address	_____	Account #	_____

Please List 4 Supplier References:

Name	_____	
Contact	_____	
Address	_____	Credit Limit

Phone	_____ Fax _____	
Name	_____	
Contact	_____	
Address	_____	Credit Limit

Phone	_____ Fax _____	
Name	_____	
Contact	_____	
Address	_____	Credit Limit

Phone	_____ Fax _____	
Name	_____	
Contact	_____	
Address	_____	Credit Limit

Phone	_____ Fax _____	

Please fax this form to the Accounting Department at 714-232-8974,
or email it to accounting@bartcolighting.com