

CREDIT APPLICATION

Customer Information		Accounts Payable
Company Name	_____	Contact _____
Address	_____ _____	Phone _____
	_____	Email _____
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 email this form to the Accounting Department at accounting@bartcolighting.com