

CREDIT APPLICATION

Please email completed form

Company:

From: Anlly Severino

Attention:

Date:

Email:

Dear Customer,

The following is a copy of our Credit Application for applying for credit with *International Light Technologies*.

Please note the following is required information:

- Completion in full of the top 2 sections on credit application.
- At least three trade references are required including and email addresses along with the signed Credit Application.
- An authorized signature is required. The signature must be from a person who has the authorization to approve the release of credit information and agree to terms & conditions
- Email sales tax exemption certificate (Massachusetts only)
- Please read our terms & conditions displayed at <u>http://www.intl-lighttech.com/resources-and-support/</u> terms-conditions-sale or click on the link at the end of page 2.

Best regards, International Light Technologies Credit Department 10 Technology Drive Peabody, MA. 01960-7976 Ph: 978-818-6180 Email: <u>anlly.severino@oceaninsight.</u>com

Part of Ocean Insight								
BUSINESS CREDIT A	PPLICATIO	N						
NAME/ADDRESS								
Last:	First:			Middle Initial:				
Title:	Tax I.D. #							
Name of Business:								
Address:								
City:	State:			Zip Code:				
Main Email Address:				Business Address (If Different)				
Main Phone:								
AP Contact:	AP Phon	ie:						
AP Email Address:								
COMPANY INFORMATION								
Type of Business: Federal Tax Classification:		In Bus	iness Since:	D & B#:				
Corporation Partnership	Proprietor	S-Corp	Other					
If Division/Subsidiary, Name of Pa		S-Corp	Other:					
Name of Responsible Party:								
Title:	c	Phone:						
Address:	I	none.						
, laar 666.								
TRADE REFERENCES								
Company Name:		Conta	ct Name:					
A al al una a a c								

International Light

Address:		Email:		
Acct Opened Since:	Credit Limit:	Current Balance:	Tel:	
Company Name: Address:		Contact Name: Email:		
Acct Opened Since:	Credit Limit:	Current Balance:	Tel:	
Company Name: Address:		Contact Name: Email:		
Acct Opened Since:	Credit Limit:	Current Balance:	Tel:	

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 from which credit is being applied for in order to verify the information contained herein. We are also acknowledging that we are in agreement with your terms of conditions as displayed on your website **CLICK HERE**

Sales Order/Sales Quote:

Credit Limit Requested:

Signature

Date