



D&P Custom Lights & Wiring Systems, Inc.

Credit Application

Date: _____

Business Contact Information

Company Name: _____ Accounting Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Business Commencement Date: _____ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other ☐

Business & Credit Information

Billing Address: _____ City: _____ State: _____ Zip: _____

How long at current address? _____ Phone: _____ Fax: _____ E-mail: _____

Bank Name: _____ Bank Phone: _____ Bank Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Account: Checking ☐ Savings ☐ Other ☐ Account Number: _____

Business/Trade References

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Account # _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Account # _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Account # _____

Agreement

1. All invoices will be paid thirty (30) days from the date of the invoice.
2. By submitting this application, you authorize D&P Custom Lights & Wiring Systems, Inc. to make inquiries into the banking and business/trade references you have supplied on this form.

Applicant Signature: _____ Date: _____