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 wil be paid thirty (30) days from the date of the invoice.
2. Claims arising from invoices must be paid within seven (7) working days.
3. 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: _____

D&P Custom Lights & Wiring Systems, Inc. • 900 63rd Ave. North • Nashville, TN 37209 USA • ph::615.350.7800 • 800.251.2200 • fx::615.350.8310