



SMART SOLAR LIGHTING

SOLTECH LLC
1460 PARK AVENUE, EMERYVILLE, CA 94608
Tel: 510-891-1056 www.soltechlighting.com

Today's Date	_____
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APPLICATION FOR CREDIT

Please complete both pages of this application. We need to see your active trade references.

COMPANY INFORMATION:

COMPANY LEGAL NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ MAIN FAX: _____

EMAIL ADDRESS: _____ WEBSITE: _____

TYPE OF BUSINESS (Please Check One)

() CORPORATION () PARTNERSHIP () SOLE PROPRIETOR () OTHER_____

If Sole Proprietor, please provide SS# _____

BUSINESS LICENSE# _____ FED TAX ID# _____ RESALE# _____

TYPE OF BUSINESS _____ YEARS IN BUSINESS _____ NUMBER OF EMPLOYEES _____

ACCOUNTS PAYABLE NAME: _____

ACCOUNTS PAYABLE PHONE: _____ ACCOUNTS PAYABLE FAX: _____

ACCOUNTS PAYABLE EMAIL: _____

Please indicate how you would like to receive invoices: Paper [] Fax [] Email []

SHIPPING INFORMATION:

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ TAX: _____ RECEIVING CONTACT: _____

BANK INFORMATION:

BANK NAME: _____ ACCOUNT# _____

BANK'S BRANCH ADDRESS _____

CONTACT PERSON: _____ PHONE: _____ DATE ACCOUNT OPENED _____



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TRADE REFERENCE:

Please provide four active trade references (business that allow you to charge now).
Please do not list banks here.

COMPANY NAME: _____	COMPANY NAME: _____
CONTACT: _____	CONTACT: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
CREDIT LIMIT: _____	CREDIT LIMIT: _____
CURRENT TERMS: _____	

COMPANY NAME: _____	COMPANY NAME: _____
CONTACT: _____	CONTACT: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
CREDIT LIMIT: _____	CREDIT LIMIT: _____
CURRENT TERMS: _____	CURRENT TERMS: _____

Our terms are [] days net. Penalties of 1.5% per month will be assessed if not paid within [] days unless your invoice terms are otherwise stipulated.

Goods purchased for resale are exempt from sales taxes, in order to receive the sales tax exemption please provide us a valid resale certificate (for the ship-to state) with your Resale Number affixed.

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

The undersigned hereby certifies 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, the undersigned hereby authorize the financial institutions listed in the credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.



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The undersigned hereby agrees that a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court and attorney costs.

The undersigned individual, who is either a principal of the credit application, a sole proprietor, partner in a partnership of the credit applicant or an officer of a corporation recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

NAME (Please Print): _____

TITLE: _____

SIGNATURE: _____

DATE: _____