



# MID-WEST WHOLESALE LIGHTING CORPORATION

2520 Hollywood Boulevard · Los Angeles, CA 90027 · Phone: (323) 469-1641 · Fax: (323) 463-3441

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address (If other than above): \_\_\_\_\_

<b>Form of Business:</b>	Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>
Business Started: _____	Dunn & Bradstreet #: _____	Resale Permit #: _____	
Requested Credit Line: _____	Contractor's License #: _____		
Is A Purchase Order # Required for Billing?: Yes <input type="checkbox"/> No <input type="checkbox"/> California Contractor's Bond #: _____			
Name of Authorized Person(s) to Place Orders: _____			

### Name & Address of Owner(s), Partners or Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

### Trade References:

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Company Bank Reference - Two Year History:

Bank/Branch: \_\_\_\_\_ Checking Acct. #: \_\_\_\_\_ Loan #: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Officer: \_\_\_\_\_  
 Bank Branch: \_\_\_\_\_ Checking Acct. #: \_\_\_\_\_ Loan #: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION - FOR MID-WEST WHOLESALE LIGHTING ONLY - THANK YOU**

Date Opened: \_\_\_\_\_ Salesperson's Name: \_\_\_\_\_ Salesperson's #: \_\_\_\_\_ Credit Limit: \_\_\_\_\_  
 Price Code: \_\_\_\_\_ Business Class: \_\_\_\_\_ Approved By: \_\_\_\_\_