

APPLICATION FOR CREDIT

Please fax or mail the completed and signed application to the address below.

ABS Lighting

A division of C. Cowles & Company • 83 Water Street • New Haven, CT 06511-1847
Phone 203-865-3117 • Fax: 203-773-1019

Firm's Full Legal Name: _____
Billing Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Shipping Address: (if different) _____
City: _____ State: _____ Country: _____ Zip Code: _____
Parent Company: _____ City: _____ State: _____

Company Information:

Purchase Manager: _____ Finance Officer: _____ Accounts Payable: _____
Estimated Annual Sales: _____ Number Employed: _____ Credit Line Required: _____
If Tax Exempt, please indicate Resale No.: _____ State: _____ And attach a copy of the certificate.

TRADE REFERENCES:

Name	Address	City	State	Zip	Phone	Fax
1.						
2.						
3.						
4.						
5.						

BANK REFERENCES:

Name	Address	City	State	Zip	Phone	Account No.
1.						
Officer						
2.						
Officer						

Corporations:

≤ Public ≤ Private Federal Tax No.: _____
State Incorporated In: _____ Year Incorporated: _____ D & B #: _____

Proprietorships or Partnerships: *(This section is not required for Corporations)*

Is your business property: ≤ Owned ≤ Leased Leased from whom? _____
If Owned – Value? _____ Real Estate Mortgage – If yes, with whom? _____
Is your home residence: ≤ Owned ≤ Rented How long at this address? _____
Full name of owner(s): List Home Address, Zip Code & Social Security Number of Partnership:

	Name	Home Address	City	State	Zip Code	SS#
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____

NOTE: IN ADDITION TO THE ABOVE, PLEASE ENCLOSE A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT.
(INCLUDE PERSONAL STATEMENTS FOR PARTNERSHIP OR PROPRIETORSHIP.)

I/WE AUTHORIZE C. COWLES & COMPANY TO INVESTIGATE OUR CREDIT HISTORY, BANK REFERENCES AND ANY OTHER INFORMATION DEEMED NECESSARY TO EXTEND CREDIT. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND ACCEPT THE TERMS AND CONDITIONS AS STATED ON THE REVERSE SIDE.

Signature (Officer/Owner) _____ Print Name _____ Title _____ Date _____