

ClaroLux, LLC
PO BOX 4554
Greensboro, NC 27404

Phone: 1.866.668.LITE
Fax: 1.336.217.8516



ClaroLux Representative: Brandon Helms

Credit Application

COMPANY: _____ DBA: _____

TYPE OF TERMS REQUESTED (NET 30 / COD / CREDIT CARD): _____

PHONE #: _____ FAX #: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ WEBSITE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPE OF ENTITY:

- | | | |
|--|--|--|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> LIMITED PARTNERSHIP | |

FEDERAL TAX I.D. #: _____ RESALE #: _____

BUSINESS START DATE: _____ # OF LOCATIONS FOR THIS COMPANY: _____

A. If Corporation please complete:

Corporate Legal Name: _____

Parent Company: _____

B. If Partnership or Sole Proprietor please complete:

Owner/Partner's Name: _____ Social Security #: _____

Home address: _____

City: _____ State: _____ Zip Code: _____ Home Telephone: _____

Partner's Name: _____ Social Security #: _____

Home address: _____

City: _____ State: _____ Zip Code: _____ Home Telephone: _____

C. IF IN BUSINESS LESS THAN ONE YEAR, PLEASE COMPLETE THE FOLLOWING

Name of Previous Business, If Any _____

Address: _____ City: _____ State: _____

Credit Application (Continued)

COMPANY: _____ DBA: _____

D. BANK REFERENCES

Name: _____ Account #: _____
Address: _____ City: _____ State: _____
Telephone #: _____ Contact Person: _____
Name: _____ Account #: _____
Address: _____ City: _____ State: _____
Telephone #: _____ Contact Person: _____

E. TRADE REFERENCES: (please list)

Name: _____
Address: _____ Telephone #: _____
Name: _____
Address: _____ Telephone #: _____
Name: _____
Address: _____ Telephone #: _____

Customer authorizes ClaroLux, LLC. or its agent to obtain an Experian credit report for the purpose of establishing, maintaining or enforcing a credit relationship. Upon approval of credit, I/We agree to pay our account according to the terms granted and I/We acknowledge that I/We have read and fully understand this application.

A valid credit card must be provided in order to obtain an account with ClaroLux, LLC. Your card will not be charged unless you are past due on your 30 day account. On the 31st day if your account is overdue and the card is not valid, {my} (our) account information will be referred to a collection agency. See below for details.

Credit Card Information:

VISA Master Card AMEX Other
CC#: _____ Expiration Date: _____ Security Code: _____
Name as it appears on card: _____ Phone #: _____
Billing Address: _____

If credit is granted (I) (we) promise to pay bills when rendered. (I) (we) understand all invoices are payable 30 days from invoicing and that a service charge of 1 ½% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay reasonable attorney's fees resulting from such action (I) (we) authorize the above listed Bank(s) and trade references to release any credit or financial information that may be requested and further agree if credit is granted, to comply with the above terms.

Name: _____ Signature: _____ Date: _____
Title: _____

PERSONAL GUARANTEE (Partnership / Sole Proprietorship)

The undersigned guarantees fully, without reservation or offset, the payment of any sums due from the above noted "Applicant" in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Signature: _____ Date: _____
Social Security #: _____ - _____ - _____