



4406-A Enterprise Place
Fremont, CA 94538
Phone: 888-296-7888
Fax: 877-323-6780
www.affordablelightingsource.com

Credit Card Payment Authorization Form

Instructions: Fax the completed and signed form to 877-323-6780

Check one: Visa Master Card Discover American Express

Credit card number:

Expiration date (mm/yy):

Name as it appears on the card:

Company name:

Credit card billing address: Street:

City: State: Zip:

Telephone number: Fax number:

This authorization is for one time charge, according to the information provided below:

Invoice # or PO # Invoice # or PO #

Invoice # or PO # Invoice # or PO #

Invoice # or PO # Invoice # or PO #

Invoice # or PO # Invoice # or PO #

Grand Total:

I authorize *Affordable Lighting* to charge my credit card for payment of their products and/or services. If **Affordable Lighting** is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting process fees. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant that all information provided is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: _____



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ACCOUNT APPLICATION FORM

(For Affordable Lighting Use Only)		
Affordable Lighting contact _____		Affordable Lighting account # _____
Customer contact _____	Phone _____	e-mail _____
COMPANY INFORMATION		
Company name _____		
Address _____		
Billing address _____	City _____	State/Zip _____
Shipping address _____	City _____	State/Zip _____
Telephone _____	Fax _____	e-Mail _____
Type of business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Number of years under present ownership: _____		
PRINCIPALS: (CORPORATE OFFICERS, PARTNERS, OWNERS, ETC.)		
Name _____	Title _____	
Name _____	Title _____	
Name _____	Title _____	
PURCHASING CONTACT		
Name _____	Telephone number if different from above _____	
Annual purchases: \$ _____	Check one that best describes your business OEM _____ Distributor _____ Exporter _____ Other _____	
The undersigned hereby agrees: <ol style="list-style-type: none"> 1. If legal action is required to recover the applicant's debt, AFFORDABLE LIGHTING will be entitled to recover its attorney's fees and court costs. 2. To pay for all purchases from AFORDABLE LIGHTING in accordance with AFFORDABLE LIGHTING's terms and to pay a late charge of 1.5% per month or the highest lawful rate under applicable state law on past due invoices. 		
_____ Signature		
_____ Title		_____ Date



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ACCOUNT APPLICATION FORM

Resale permit _____ Credit limit desired \$ _____
 Please provide a copy of your resale permit certificate along with this form

TRADE REFERENCES

Company name		
Address	City	State/Zip
Telephone	Fax	
Contact	Account No.	
Company name		
Address	City	State/Zip
Telephone	Fax	
Contact	Account No.	
Company name		
Address	City	State/Zip
Telephone	Fax	
Contact	Account No.	
Company name		
Address	City	State/Zip
Telephone	Fax	
Contact	Account No.	



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APPLICANT:

TO ENSURE TIMELY COMPLETION OF YOUR APPLICATION, PLEASE COMPLETE AND RETURN THIS PAGE SIGNED BY A CORPORATE OFFICER/PRINCIPAL

BANK REFERENCE

Name of Bank

Address

City

State/Zip

Telephone

Fax

Contact

e-Mail

ACCOUNT # (S)

Checking

Savings

Loans

Other

ATTENTION: BANK OFFICIAL

OUR COMPANY HAS APPLIED TO ESTABLISH AN OPEN CREDIT ACCOUNT WITH *AFFORDABLE LIGHTING* AND HAVE GIVEN YOUR BANK AS A CREDIT REFERENCE. YOU ARE AUTHORIZED TO PROVIDE THE INFORMATION REQUESTED ON OUR COMPANY'S ACCOUNT(S) WITH YOUR BANK.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____

TITLE: _____