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CREDIT APPLICATION

DISTRIBUTOR ACCOUNT APPLICATION

Company Name : _____ Year Incorporated : _____
 Principal : _____ Tel : _____ Fax : _____
 E-mail : _____ Contact : _____
 Billing Address : _____ City : _____
 State : _____ Zip : _____ Federal/Tax ID # : _____ Resale # : _____
 Accounts Payable E-mail : _____ Accounts Payable Contact : _____
 Accounts Payable Phone # : _____
 Type of Business : Corporation Partnership Individual
 Approximate Annual Sales : _____ Credit Line Requested : _____

(If you are tax exempt, provide certificate or sales will be taxed. A resale certificate is required, No exceptions.)

BUSINESS TRADE REFERENCES

**** EMAIL OR FAX NUMBER MUST BE PROVIDED TO PROCESS THE CREDIT INQUIRY ****

Company Name		Company Name		Company Name	
ACCT #		ACCT #		ACCT #	
Contact		Contact		Contact	
Tel #		Tel #		Tel #	
Fax #		Fax #		Fax #	
Email		Email		Email	

BANK REFERENCES

Name : _____ Tel : _____ Fax : _____
 Contact : _____ ACCT # : _____
 Signature (we accept digital signature) : _____

I authorize the above references and bank to release relevant credit information to UTOPIA LIGHTING, Inc.

Signed : _____ Title : _____

Print Name : _____

We reserve the right to add to your monthly balance, a service charge of 1/12% per month (18% annual rate) on all amounts unpaid on the first day of the 2nd month following purchase. If this account is placed with a third party for collection, buyer agrees to pay all costs and expenses of collection including the reasonable attorneys fees in addition to the service charges stated above.

PLEASE MAIL THE ORIGINAL SIGNED APPLICATION AND FAX RESALE PERMIT & COPY TO : (310) 327-5711