



Tel : 310-327-7711  
 Fax : 310-667-4335  
 E-mail : accounting@utopialighting.com  
 2329 E Pacifica Pl. Rancho Dominguez, CA 90220

## 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**



**Credit Card Authorization Form**

2329 E Pacifica Pl.  
Rancho Dominguez, CA 90220  
Tel : 310-327-7711 Fax : 310-667-4335

TO : \_\_\_\_\_  
FAX : \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to charge the amount of US\$ \_\_\_\_\_ on credit card # \_\_\_\_\_ By signing this form, I agree with all terms and conditions of the sale/order which I have made over the phone, by fax or via the internet. I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. And also as the credit card holder, I hereby authorize receipt of merchandise at the shipping address below and agree that I will not initiate dispute under No Cardholder Authorization on this charge in the future.

Company Name : \_\_\_\_\_ Date : \_\_\_\_\_

Cardholder : \_\_\_\_\_

Credit Card :  Marster Card  Visa Card  American Express  Discover

Card Number : \_\_\_\_\_ CVC2 Security Code : \_\_\_\_\_

Invoice / Purchase Order No. # : \_\_\_\_\_ Card Exp. Date : \_\_\_\_\_

Amount to Charge : \_\_\_\_\_

Credit Card Billing Address

Street : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Print Name : \_\_\_\_\_

Cardholder Authorize On Signature : \_\_\_\_\_

\*\*\* If you would like to set up **AUTOMATIC PAYMENT** or want to **KEEP CREDIT CARD ON FILE**, please fill in below.

I \_\_\_\_\_ acknowledges that my/our credit card will be kept on file and will be used for each transaction once the order is completed.

Cardholder's Signature: \_\_\_\_\_

\*\*\* RETURN TO UTOPIA LIGHTING FAX : 310-667-4335