

ACE LIGHTNING PROTECTION, INC.

CREDIT APPLICATION

Date _____

Applicant Legal Business Name

DBA _____

Street Address

City _____ State _____

Zip _____

Billing Address

City _____ State _____

Zip _____

Phone # _____

Fax # _____

Accounting Contact _____ Phone # _____

Email _____

DUNS# _____

Federal Tax ID# _____

State of Organization _____

Year Business Organized _____

Sales Tax Status _____ Taxable _____

Exempt Attach copy of exemption certificate. _____

Business Type (circle one): LLC S Corporation C Corporation Partnership Proprietorship

Bank(s)/Financial Institution(s)

Name _____

Account # _____

Address

Contact Name _____

E-mail _____

Phone # _____

Fax # _____

Name _____

Account # _____

Address

Trade References (Preferably, list those which extend credit. Please do not list courier or freight companies.)

Bus Name _____

Account # _____

Address

Contact Name _____

E-mail _____

Phone # _____

Fax # _____

Bus Name _____

Account # _____

Address
