



<b>Office Use Only:</b>	
Cust ID # _____	Credit Limit: _____
Terms: _____	

2109 Mountain Industrial Blvd | Tucker, GA 30084 | Phone: 770.491.3145 Fax: 770.492.5098

**CREDIT APPLICATION**

ALB Salesperson in contact with: \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

FEDERAL TAX ID# \_\_\_\_\_ D&B# \_\_\_\_\_

TAXABLE:  YES  NO IF NO PLEASE ATTACH CERTIFICATE

TYPE OF CORPORATION  C  S  LLC State: \_\_\_\_\_  INDIVIDUAL

YEARS IN BUSINESS	ESTIMATED CREDIT REQUIREMENT	ESTIMATED ANNUAL PURCHASES
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PRINCIPLE'S NAMES/TITLES \_\_\_\_\_

PRINCIPLE'S ADDRESSES \_\_\_\_\_

BUYER CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EXT \_\_\_\_\_

BUYER CONTACT EMAIL \_\_\_\_\_ WEBSITE ADDRESS \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

A/P FAX# \_\_\_\_\_ A/P EMAIL \_\_\_\_\_ EXT \_\_\_\_\_

**All invoices and statements are emailed. Fax/Postal Mail available upon request.**

I agree to the terms and conditions listed on your website at [www.AtlantalightBulbs.com/store-policies](http://www.AtlantalightBulbs.com/store-policies)

I authorize Atlanta Light Bulbs, Inc. to charge my credit card for any outstanding balances over 30 days.

**TRADE REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE NOTE:** Atlanta Light Bulbs, Inc ("ALB"), extends credit and terms to customers who purchase \$5,000 or more annually. ALB periodically reviews accounts and reserves the right to adjust or revoke credit and/or terms based on timeliness of payments, in addition to annual spend. **If any amounts due remain unpaid beyond 30 days past the due date, you may be subject to a service charge equal to 1.5% of the outstanding balance to cover collections efforts. You may be subject to additional collection fees, including but not limited to reasonable legal fees, should your account become seriously delinquent.** Please completed and submit this credit application and credit card authorization form in order to apply for credit and terms with ALB. By signing below, you hereby authorize Atlanta Light Bulbs to contact your references listed above pertaining to your credit and financial responsibility. Furthermore, you are also agreeing to the terms of ALB credit accounts listed above and authorization to charge your credit card provided with this application for balances that exceed 30 days' delinquent.

NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

*(Application must be signed by an officer/owner in order to be processed)*



CREDIT CARD AUTHORIZATION AGREEMENT FORM  
FOR TERM CUSTOMERS

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

Customer ID Number: \_\_\_\_\_

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

(Print: As it appears on card)

Cardholder Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Please circle one: VISA            Mastercard            Discover    Amex

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (CVV) \_\_\_\_\_

I acknowledge and authorize Atlanta Light Bulbs, Inc to charge the above credit card for our balances that exceed beyond their due date, per the account agreement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax or email this completed form to Atlanta Light Bulbs Accounting Dept:

Fax to 770-492-5098 or email to [AR@atlantalightbulbs.com](mailto:AR@atlantalightbulbs.com)

Any questions, please contact Phillip Hong at 770-492-5069 or email at [Phillip@AtlantaLightBulbs.com](mailto:Phillip@AtlantaLightBulbs.com)