

LIGHTHOUSE PLCS, INC.

CREDIT APPLICATION FORM

{FAX COMPLETED FORM TO (541) 463-1497}

- Im	DUCINECO	CONTACT INFORMATION	
BUSINESS CONTACT INFORMATION Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:	T d.X.	L-man.	
City:		State:	ZIP Code:
Date business commenced:		State.	ZII Gode.
Sole proprietorship:	Partnership:	Corporation:	Other:
Sole proprietorship.	•	IND CREDIT INFORMATION	other.
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:	T GA.	E man.	
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number	otato.	ZII GGGS.
Savings	Noodan nambor		
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
	TERM	IS AND CONDITIONS	
1. Credit Terms: Net 30: The full amount of the bill is due between the 11th and 30th day (credit period). Invoices not paid within 30 days of the invoice date are considered past due. A service charge of 1½% per month (compounded monthly) will be added to all amounts billed if not paid by the end of the 30 day credit period. 2. Waiver: Any failure of Lighthouse PLCs, Inc. to enforce this agreement shall not release or discharge the undersigned from any obligations stated herein. 3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. 4. ATTORNEY FEES: In the event either party files a lawsuit or hires a collection agency to enforce this agreement, the prevailing party shall be entitled to reasonable attorney fees, court costs, and collection costs. Oregon law shall govern this agreement, and venue shall be in Lane County, Oregon. 5. PERSONAL GUARANTEE: If the credit customer is a Corporation, LLC, Partnership, a Trust or other legal entity, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the company. This guarantee shall be binding on the undersigned, jointly and severally, and upon their successors and assigns, heirs and legal representatives.			
SIGNATURE TO A CONTROL OF THE CONTRO			
I represent that the above information is true and is given to encourage Lighthouse PLCs, Inc. to extend credit to the			

Trepresent that the above information is true and is given to encourage Lighthouse PLCs, Inc. to extend credit to the applicant. My company and I authorize Lighthouse PLCs, Inc. to make such credit investigation as Lighthouse PLCs, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Lighthouse PLCs, Inc. any and all information concerning the financial and credit history of my company and myself. As attested by my signature, I have read the above and agree to these terms and conditions.

Signature: (Printed):

Title:

Date: