



# Application For Credit

All pages must be completed for consideration

46 Baker Street Providence, RI 02905 Toll Free- 800 556-7690 Phone- 401 941-4446 Fax-401 941-2929 www.mulelighting.com

Applicant/Company Name: Other Trade Names:	
Mailing Address:	<b>Nature of Company:</b> <input type="checkbox"/> Public (Listed) Company <input type="checkbox"/> Subsidiary of _____ <input type="checkbox"/> Large Private Company <input type="checkbox"/> Small Private Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Federal Tax I.D. or Social Security # _____
Contact Phone:	
Position:	
Telephone:	
Facsimile:	
E-mail:	
Billing Address (if different from mailing address):	<b>Bank Information:</b> Bank Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Account Manager: _____ Telephone: _____ Fax Number: _____ Account Number(s): _____ Loan Number(s): _____
Contact Person:	
Position:	
Telephone:	
Facsimile:	
E-mail:	

### Rating by Dun and Bradstreet

No	Yes	Rating: _____	Duns# _____
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## Account Information

<i>Requirements:</i>	U.S. Dollars	Is organization sales tax exempt?
Estimated Monthly Purchases		<input type="checkbox"/> No -> Sales Tax Applies
Credit Limit Desired		<input type="checkbox"/> Yes -> Quote Number (if yes, provide sales exempt certificates)

## Organization Information

Has the company/organization been in receivership or had an administrator appointed at any time in the last 5 years?	<input type="checkbox"/> Yes, attach details <input type="checkbox"/> No
Do the directors of the company own greater than 50% of the issued shares of the company?	<input type="checkbox"/> Yes, attach details <input type="checkbox"/> No

## Account Information

Contact Name	Organization	Fax Number/Telephone Number

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

Authorized Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

The Process:

- Complete credit application form along with attachments.
- Fax to accounting @ 401-941-2929. (All pages must be completed consideration.)
- Mule Lighting, Inc reviews and assesses request.