



Application For Credit

All pages must be completed for consideration Fill out and send to chai@mulelighting.com

| BUSINESS INFORMATION | | | | | |
|--|---|--|--|--|--|
| Applicant/Company Name: | Other Trade Names: | | | | |
| Mailing Address: | | | | | |
| | | | | | |
| Contact Phone: | Position: | | | | |
| Telephone: | Facsimile: | | | | |
| E-mail: | | | | | |
| Billing Address (if different from mailing address): | | | | | |
| Contact Person: | Position: | | | | |
| Telephone: | | | | | |
| Facsimile: | E-mail: | | | | |
| | | | | | |
| NATURE OF COMPANY | | | | | |
| Public (Listed) Company | ☐ Partnership | | | | |
| □Subsidiary of | Sole Trader | | | | |
| Large Private Company | Federal Tax I.D. or | | | | |
| Small Private Company | Social Security # | | | | |
| BANK INFORMATION | | | | | |
| Bank Name: | | | | | |
| Street Address: | | | | | |
| City: | State: Zip Code: | | | | |
| Account Manager: | | | | | |
| Telephone: | | | | | |
| Fax Number: | | | | | |
| Account Number(s): | | | | | |
| Loan Number(s): | | | | | |
| No 🗌 Yes 🗌 | Rating: Duns# | | | | |
| 46 Baker Street Providence, RI 02905 Toll Free | e- 800 556-7690 Phone- 401 941-4446 Fax-401 941-2929 www.mulelighting.com | | | | |





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| ACCOUNT INFORMATION | | | | | |
|--|----------------------|---------|--------------------|---------------------|--|
| Requirements: | | U.S. Do | llars | | |
| Estimated Monthly Purchases: | | | | | |
| Credit Limit Desired: | | | | | |
| Is Organization Sales Tax Exempt? INO -> Sales Tax Applies IYes -> 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? | | |] No | Yes, attach details | |
| Do the directors of the company own greater than 50% of the issued shares of the company? | | f 🗆 |]No [| Yes, attach details | |
| CREDIT REFERENCES/ACCOUNT INFORMATION | | | | | |
| Contact Name | Organization/Address | | Fax Number/Telepho | one Number/Email | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Authorized Signature: | Title: |
|-----------------------|--------|
| Name: | Date: |

The Process:

Complete credit application form along with attachments.

- Email to chai@mulelighting.com or fax to accounting @ 401-941-2929. (All pages must be completed consideration.)
- ☐ Mule Lighting, Inc reviews and assesses request.
- Copy of Resale Tax Certificate / Copy of Tax Exempt Certificate

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