



SPECIALTY BULB PRODUCTS INC.

20010 - 100A Avenue, Unit 2
Langley BC V1M 3G4
Canada

Voice: +1 604•513•8500
Fax: +1 604•513•8200
Email: accounting@specialtybulb.com
URL: www.specialtybulb.com

CREDIT APPLICATION

Business Name: _____

Billing Address: _____

City: _____ Prov: _____ P.Code: _____ GST # _____

Phone: _____ FAX: () _____ PST # _____

e-mail invoice to: _____ or Mail Invoices (Yes or No): _____

Line of Business: _____ Date Established: _____

SHIP TO: _____

Purchasing Contact: _____ Tel: _____

AP Contact (S) _____ Tel: _____

_____ Email: _____

BANK: _____ PHONE: _____

ADDRESS: _____ PROV: _____ CONTACT: _____

CITY: _____ P.CODE: _____

TRADE REFERENCES: * Please include email or fax number *****

1. COMPANY: _____ ADDRESS: _____

CITY: _____ PROV: _____ CONTACT: _____

Email: _____ FAX: () _____

2. COMPANY: _____ ADDRESS: _____

CITY: _____ PROV: _____ CONTACT: _____

Email: _____ FAX: () _____

3. COMPANY: _____ ADDRESS: _____

CITY: _____ PROV: _____ CONTACT: _____

Email: _____ FAX: () _____

OUR TERMS:

1. Net 15 days
2. Interest on overdue accounts charged at 1.5% per month, calculated and compounded monthly.
3. The undersigned acknowledges that a credit check will be conducted based on the above information and authorizes contact of trade references.

PLEASE TELL US HOW YOU HEARD ABOUT US:

DATE: _____ SIGNATURE: _____

POSITION: _____ NAME: _____

(please print)