



701 Kingshill Place, Carson, CA 90746  
Phone: (310) 341-2037 | Fax: (310) 218-0070 | [nslighting.com](http://nslighting.com)

Thank you for your interest in NLS Lighting, LLC. Please complete and return this packet to Amanda Kurth at [akurth@nslighting.com](mailto:akurth@nslighting.com). or fax at your earliest convenience. We look forward to your patronage.

Please complete the following from this packet and return.

Check list:

- ⇒ **Credit application; attach any reference sheets to the back of this.**
- ⇒ **Authorize Bank Credit Reference form. Have appropriate personnel sign the authorization and complete the highlighted lines.**
- ⇒ **Resale Certificate, if you are located in or having product shipped within California.**

Thank you,

Amanda Kurth  
Accounting Department  
NLS Lighting, LLC

# Business Credit Application

Credit amount desired

NLS Lighting, LLC  
701 Kingshill Place, Carson, CA 90746  
Ph (310) 341-2037

## Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:				
Street Address:				
City:	State:	ZIP:	[ Phone:	[ Fax:

## Company Information

Type of Business:	In Business Since:	California Resale Permit No		
Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Tax I.D. Number
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:				Title:
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:				Title:
Address:	City:	State:	ZIP:	Phone:
<b><u>Accounts Payable contact:</u></b>				
Name:	Phone No:	E-mail address:		

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone: Fax:	Phone: Fax:	Phone: Fax:	

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone: Fax:	Phone: Fax:	Phone: Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



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## BANK CREDIT REFERENCE FORM

To: Credit Department

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Dear Bank Officer:

We are authorizing the Bank to release information about our accounts: Outstanding, Credit Line, and Payment History, to National Lighting Solutions to be used explicitly for the establishment of an open account and credit line.

This information is to be kept in the strictest confidence.

		
<b>PRINT NAME</b>	<b>SIGNATURE – BANK AUTHORIZED</b>	<b>TITLE</b>
		
<b>COMPANY NAME</b>	<b>BANK ACCOUNT NO.</b>	

Customer Service:

The above customer is applying for a credit line with us and has given your Bank as a reference. Kindly provide us with the following information and send this back to us at Fax No. (310) 218-0070 Attn: Amanda Kurth or [akurth@nslighting.com](mailto:akurth@nslighting.com). For any questions, please call me at (310) 341-2037

**DATE OPENED:** \_\_\_\_\_ **AVG BALANCE MAINTAINED** \_\_\_\_\_

**LINE OF CREDIT:** \_\_\_\_\_ **SECURED:** \_\_\_\_\_

**CREDIT LIMIT:** \_\_\_\_\_ **AMOUNT NOW OWING:** \_\_\_\_\_

**PAYMENT HABITS:** \_\_\_\_\_ **NSF CHECKS:** \_\_\_\_\_

**OVERALL CREDIT RATING:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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WE ASSURE YOU THAT THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL  
Your immediate reply will be very much appreciated.

Sincerely,

Amanda Kurth  
Accounting Department  
NLS Lighting, LLC

## California Resale Certificate

### I HEREBY CERTIFY:

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from \_\_\_\_\_ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

\_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

\_\_\_\_\_

TELEPHONE NUMBER

(      )

DATE

\_\_\_\_\_