



Attached is the LumenFocus Credit Application you requested. Please fill out this application as completely as possible, missing or incomplete information may delay the account set up process, sign and return it along with a copy of your **State Tax Exempt Certificate**. The State Tax Exempt Certificate is required by LumenFocus to avoid charging tax on orders.

If you have any questions, please contact LumenFocus and someone in our Sales or Accounting department will be happy to address your concerns. Please return this application and any supporting documents to [finance@lumenfocus.com](mailto:finance@lumenfocus.com)

Thank you for your business,

LumenFocus, LLC



LumenFocus, LLC / 880 Facet Rd / Henderson, NC 27537 / Tel: (252) 430-6970

### CREDIT APPLICATION

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

D/b/a: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_ Email address for Auto Invoicing: \_\_\_\_\_

Fed. Tax No. \_\_\_\_\_ D&B# \_\_\_\_\_ In Business Since \_\_\_\_\_

Corporation  Partnership  Proprietorship Credit Limit Requested: \_\_\_\_\_

Type of business: \_\_\_\_\_

Full names and addresses of corporate officers, partners, or proprietor (give home address if a Partnership or Sole Proprietorship)

#### MAJOR CREDIT REFERENCES – 3 REQUIRED

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account No: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account No: \_\_\_\_\_

#### BANK REFERENCES

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account No: \_\_\_\_\_

Do you have a Credit Line for Borrowing: \_\_\_\_\_

The Undersigned **have / have not** filed for or been the subject of a bankruptcy as a company or as an individual. If yes, give type of bankruptcy and date filed: Chapter \_\_\_\_\_ Date: \_\_\_\_\_

By signing this agreement, you authorized LumenFocus, LLC to contact the above Major Trade References and Bank References for all pertinent credit information.

Should this credit application be approved, I (We) agree that the terms of sale are Net 30. Interest will be applied to past due invoices at a rate of 1½ percent per month or at the highest rate permitted by state law, whichever is lower. Should it be necessary to collect through a collection agency, through an attorney, by legal proceedings, or otherwise, the undersigned agrees to pay all costs of collection, including, but not limited to, interest, collection agency's fees, and attorney's fees.

All orders will be on a payment in advance basis until credit is approved.

Authorized Company Officer/Partner:

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_