



**LIGHT
LABORATORY
INC.**

8165 E. Kaiser Blvd. Anaheim, CA 92808
Phone: 714.282.2270

LightLaboratory.com

BUSINESS CREDIT APPLICATION

Legal Name _____ **Telephone #** _____

DBA Name _____ **Fax #** _____

**Please attach Certificate of Incorporation or State authorized Good Standing certificate required for verification of correct legal name.*

Physical Address _____

Mailing Address _____

Email _____ **Website** _____

Federal Tax I.D. # _____

Type of Business _____

Ownership (*Corporation, Partnership, LLC, Sole Proprietorship, etc.*) _____

Date Business Established _____

Person to contact for financial and credit information _____

telephone _____ email _____

Person to contact for accounts payable purposes _____

telephone _____ email _____

**** Credit Amount Requested * \$** _____

BANK REFERENCES

Name _____ **Telephone** _____

Address _____

City _____ **State** _____ **Zip** _____

Name of person to contact at bank _____

ACCOUNT # _____



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TRADE REFERENCES *(show address where you send your payment)*

Reference # 1 Name & Address _____

telephone _____ fax _____

Annual Purchase _____

Reference # 2 Name & Address _____

telephone _____ fax _____

Annual Purchase _____

Reference # 3 Name & Address _____

telephone _____ fax _____

Annual Purchase _____

Applicant's signature attests to financial responsibility, ability and willingness to pay the invoice of Light Laboratory Inc. according terms of the invoice.

Signature

Title

Date

**** Upon completion of this application, please email to elisa@lightlaboratory.com for processing.**