737 S

Customer Data Sheet & Account Application

Rep Agency Na	ime :	
	General Inform	nation
1. Company Name:		
4. Billing Address:		
City:	State:	e: Zip:
5. Telephone: ()	Ext:	Fax: ()
	Accounts Payable In	nformation
1. Accounts Payable Contac	ct Name:	
2. Accounts Payable Phone	Number:	
3. Accounts Payable Email:		
	Business Inform	nation
1. Federal Tax Number (El	N) :	2. D-U-N-S #:
3. Type of business:	Sole Proprietorshi	nip Corporation
	Partnership	Subsidiary
4. Years in business:	Type of work	k:
5. Proprietor, Partners, Office	ers (if incorporated):	
6. Name:	Home Ad	Address:
City:	_ State: Zip Co	ode: SSN:
7. Year of Establishment :	8. Tii	ime at Present Location:
9. Employee names and titles orders on company's behalf:	s that may sign contrac	acts and/or authorize purchase orders/work
Name:		_ Title:
Name:		_ Title:
Name:		_ Title:
Name:		Title:



737 South Cravens Road, Suite 100 Missouri City TX 77489

Customer Data Sheet & Account Application Continued

CREDIT REFERENCES: (Please provide three)

Company Name:	· ,		
	Title:		
Telephone: () Email A	Address:		
How long have you been doing business with	this Company?		
Company Name:			
MailingAddress:			
Contact Person:	Title:		
Telephone: () Email /	Address:		
How long have you been doing business with	this Company?		
Company Name:			
	Title:		
Telephone: () Email A	Address:		
How long have you been doing business with this Company?			
AUTHORIZATION FOR	RELEASE OF INFORMATION:		
I hereby warrant that the above information is true and correct and is furnished to establish			
a vendor relationship with Liron Lighting. I hereby agree that Liron Lighting may investigate			
• • • • • • • • • • • • • • • • • • • •	urnish this authorization to secure the information		
they need to establish a business relations	ship.		
TERMS AN	ID CONDITIONS:		
	s of purchase shall apply to all our invoices		
	nlighting.com >> Terms and Conditions		
Authorized Printed Name:	Title:		
Signature:	Date:		