

WESTERN LIGHTSOURCE

Please return to:
Attn: Credit Dept.
1429 North Maple Avenue
Fresno, CA 93703-4401
559/453-9231 / 559/453-0250 FAX

Credit Profile and Agreement

Company Name _____ Business Phone _____

Billing Address _____ Business Fax _____

City/State/Zip _____ Accounting Contact: _____

Type of Organization & Company Principals: Years in Business: _____ E-mail: _____

Corporation	LLC	Partnership	Proprietorship
List corporate officers.	List managers/ members.	List all partners.	List the owner(s).

Social Security #	Name/Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Purchasers: _____ P.O. Required? _____
Purchases for resale? _____ (If yes, include resale certificate) Credit Amount Requested _____

Bank Reference: Bank Name _____ Branch _____
Address _____ Phone _____
City/State/Zip _____ Contact Person _____
Accounts: Checking # _____ Savings # _____ Loan # _____

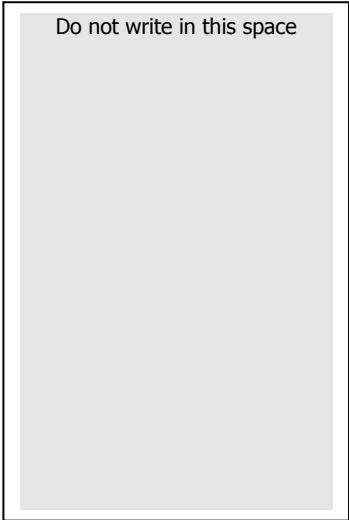
Local Trade References:

Name _____ Phone # _____
Address _____ FAX # _____
City/State/Zip _____ Account # _____

Name _____ Phone # _____
Address _____ FAX # _____
City/State/Zip _____ Account # _____

Name _____ Phone # _____
Address _____ FAX # _____
City/State/Zip _____ Account # _____

Name _____ Phone # _____
Address _____ FAX # _____
City/State/Zip _____ Account # _____



Representations and Agreement by Applicant

The undersigned authorizes Western Lightsource to investigate applicant's credit and financial responsibility. Applicant represents that it has the financial ability and willingness to pay all Western Lightsource invoices within established terms and will pay finance charges (1-1/2 %) imposed on delinquent invoices. Applicant will be responsible for all collection costs and attorney fees in connection with collection of any delinquent amount. Applicant certifies that information contained herein and any attachment is true and correct to the best of their information, knowledge and belief.

Signature Name (printed) Title Date