



Light Integration, Inc.

Commercial Account Application

Please fill out the application completely, as missing or inaccurate information may delay processing. There is no charge for this application and all information is held in strict confidence. When finished, please fax or email the signed form to (407) 681-7210 or admin@lightintegration.com.

Business Information:

DBA Name: _____

Legal Name _____

Federal Tax ID: _____ Date Started: _____

Florida Resale No. _____ (include a copy) n/a

Bank: _____

Contact, Phone, Fax: _____

Structure: Corporation Sole Proprietor Partnership Other

D&B Number: _____ n/a

Address (1): _____

Address (2): _____

City: _____

State: _____ Zip Code: _____

Primary Contact: _____

Phone, Fax, Email: _____

AP Contact: _____

Trade References:

Business Name: _____

Contact Name, Phone, Fax: _____

Business Name: _____

Contact Name, Phone, Fax: _____

(attachment of a prepared form in lieu of the above is acceptable when it contains the same information)



Light Integration, Inc.

As an officer or principal of the company listed above, I hereby authorize Light Integration, Inc. to contact those necessary to verify my credit worthiness, and for those contacted to release related information to Luxury Lighting. Further, on behalf of the applicant listed herein, I hereby certify that I have read and agree to the Light Integration, Inc. Detailed Terms and Conditions of Sale and certify that the information submitted above and as attached is true and correct and accurately reflects the condition of the applicant.

Signature: _____

Date: _____

Printed Name: _____

Title: _____