

Credit Application

Please fill out this application in its entirety. For items that are not relevant, write "n/a". All information will be kept confidential.

Name of Marvel Lighting Sales Representative: **Business Information** Business In Business Since: Name: Contact Contact Email: Name: _____ Phone: Website: Billing Shipping Address: Address: Business Type Electrical Distributor Other (please specify) (required) **Electrical Contractor Business Contacts** Accounts Payable (required) Shipping (optional) Name: Name: Phone: Phone: Fax: Email: Order Confirmation (optional) Marketing (optional) Name: Name: _____ Phone: Phone: Email: _____

Credit Information (Required)		
D&B Number:	Bank Name:	
Fed. Tax ID:	Bank Address:	
State Resale License #:		
Annual Purchases:	Bank Contact & Phone:	
* Please attach a copy of your state resale license and/or sales tax exempt form (if applicable).		
Business/Trade References (Required) - Attach additional sheets if necessary		
Company:	Company:	
Contact:	Contact:	
Address:	Address:	
Phone:	Phone:	
Fax:	Fax:	
Email:	Email:	
Company:	Company:	
Contact:	Contact:	
Address:	Address:	
Phone:	Phone:	
	Fax:	
Email:	Email: _	
Attachments		
Please include a copy of your Business W9 with this completed form. Return to Marvel Lighting, LLC by Email		
Email: info@marvellighting.com		
inquire as to credit information, and receive any as a promise to be able to purchase from Marvel invoice due date. Any invoices not paid within every 30 days from the original due date of an ir	ned in this application is true and correct. Applicant authorizy confidential information relevant to approving credit. Being Lighting, LLC with terms directly. If terms are provided, pay the 30 day due date will incur an additional fee of 5% of the convoice until the invoice is paid in full with all additional applies and accepts responsibility on behalf of the organization that	g in possession of this application is not to be construed yments must be received within 30 days of the original original total invoice. An additional 5% will be charged icable fees paid. By signing below, the signer
Signature:	Title:	
Print Name:	Date:	