



Credit Application Form

(P) 517.676.0044 | (F) 517.676.4449
salesmgr@cleanlites.com www.lampmaster.com

Your Name: Phone #: Fax #:

Company Name: E-mail Address:

Address: DUNS #:

City: State: Zip Code:

Type of Business: Annual Sales:

How long in Business: Number of Employees: Net Worth:

Name of Bank: Phone #: Fax #:

Address: E-mail Address:

City: State: Zip Code:

Trade References

1. Name: Phone: Fax #:

Address: Account #:

City: State: Zip Code:

2. Name: Phone: Fax #:

Address: Account #:

City: State: Zip Code:

3. Name: Phone: Fax #:

Address: Account #:

City: State: Zip Code:

I acknowledge that Cleanlites Recycling Inc. quotes are subject to credit approval. If credit is not approved, a deposit or prepayment in full may be required. I agree that purchase terms are Net 30 days. If any amount is not paid when due, then I acknowledge that I will be liable for 2.0% per month interest and all collection costs. Cleanlites Recycling Inc. is authorized to contact any of my above credit references regarding my credit rating and to make information available to credit agencies regarding my credit history with Cleanlites Recycling Inc..

Your typed signature is validation to proceed.

Signature: Date:

Please submit by clicking the "Submit by E-mail" button or click the "Print Form" button
and fax completed form to: **(517) 676-4449**

If you have any questions, please contact Deborah at: **(517)-676-0044**