

LIGHT BULB WAREHOUSE, Inc.

NEW ACCOUNT INFORMATION FORM

Mail to: 1655 Morena Blvd., San Diego, CA 92110 • Fax to: 1-619-275-7848

COMPANY NAME: _____
STREET ADDRESS: _____
CITY, STATE & ZIP: _____
TELEPHONE: _____ FAX: _____
TYPE OF BUSINESS: Corporation Partnership Sole Proprietorship
SELLER'S PERMIT # _____ FEDERAL ID #: _____
OWNER'S NAME: _____ SOCIAL SECURITY #: _____
ACCOUNTS PAYABLE CONTACT: _____ PHONE #: _____
NUMBER OF YEARS UNDER PRESENT OWNERSHIP: _____
CREDIT LIMIT DESIRED: _____ DUN & BRADSTREET RATED: YES NO (if yes,) Dun's#: _____

BANKING INFORMATION:

NAME OF BANK: _____
BANK CONTACT: _____
STREET ADDRESS: _____
CITY, STREET & ZIP: _____
TELEPHONE: _____ FAX: _____
BANK ACCOUNT #: _____

TRADE REFERENCES:

1. NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
TELEPHONE: _____ FAX: _____
2. NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
TELEPHONE: _____ FAX: _____
3. NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY, STATE & ZIP: _____
TELEPHONE: _____ FAX: _____

PRINT NAME: _____ TITLE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____
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FOR OFFICE USE ONLY

Today's Date: _____ Approved or Disapproved Authorized by: _____

Recommendations: (Terms, Credit Limit, etc.) _____