



Credit Account Application

Office Use Only

Sales:

Auth. #:

Corporate Information

Business Name _____ Tax ID Number _____

Business Address _____

City _____ State _____ ZIP _____

Shipping Address (if different) _____

City _____ State _____ ZIP _____

Phone # _____ FAX# _____ email _____

Our legal entity is () Corporation () Partnership () Proprietorship () Other

Number of year in business _____

Accounts Payable Contact _____ A/P Phone # _____

Bank Reference

Bank Name _____ Phone Number _____

Account Number _____

Contact Person _____ Title _____

Trade References (2 company references required)

Company Name _____ Contact Person _____

Company Address _____

City _____ State _____ ZIP _____ Account Number _____

Phone Number _____ Fax Number _____

Company Name _____ Contact Person _____

Company Address _____

City _____ State _____ ZIP _____ Account Number _____

Phone Number _____ Fax Number _____

I hereby authorize Intelligent Lighting Controls, Inc. (ILC) to conduct a routine credit check in connection with my application for service. ILC may use any information obtainable through this credit application of any credit reporting agencies. I understand that such information will be held strictly confidential and will remain ILC's property whether or not credit is extended.

Authorized Signature _____ Print Name _____ Date _____



INTELLIGENT LIGHTING CONTROLS, INC.

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