



3704 Hilltop Drive, Ste. 200 • Conroe, TX. 77303
936-494-3900 (Office) • 936-494-3910 (Fax)

CONFIDENTIAL CREDIT INFORMATION

COMPANY NAME: _____ **TYPE OF BUSINESS:** _____

PHYSICAL ADDRESS: _____ **BILLING ADDRESS:** _____

CITY/STATE/ZIP: _____ **CITY/STATE/ZIP:** _____

COMPANY PHONE #: _____ **COMPANY FAX #:** _____

E-MAIL: _____

FEDERAL TAX ID#: _____ **SALES TAX RESALE#:** _____

NAMES OF PRINCIPALS:

Phone Number: _____

Phone Number: _____

BANK REFERENCES:

Contact Person: _____

Phone: _____ Fax: _____

MAJOR TRADE REFERENCES: (List three)

Name:	Name:	Name:
Address:	Address:	Address:
City, State, Zip	City, State, Zip	City, State, Zip
Phone Number:	Phone Number:	Phone Number:
Fax Number:	Fax Number:	Fax Number:
Account Number:	Account Number:	Account Number:

Authorization to check credit:

I, _____, hereby authorize Divine Lighting, LLC to contact the references listed above for the purpose of obtaining credit history that will be used in the evaluation of my request for credit from Divine Lighting. I understand and agree that unless otherwise provided in writing the terms for an open account are NET 30 DAYS. I also agree that payment will be made to Divine Lighting's office in Conroe, TX in accordance with these terms.

Sign Here

Print Name

Title