



3704 Hilltop Drive, Ste 200 | Conroe, TX 77303  
 Office: 936-494-3900  
 Fax: 936-494-3970

## Confidential Credit Information

COMPANY NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

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:	Phone:	Phone:
Fax:	Fax:	Fax:
Account # :	Account# :	Account # :

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:** \_\_\_\_\_