



1-213-286-2602
www.ls1supplies.com
sales@ls1supplies.com

CREDIT APPLICATION FOR BUSINESS ACCOUNT – STORE

INSTRUCTIONS

- PRINT OUT BLANK FORMS
- COMPLETE FORM WITH BLACK OR BLUE INK PEN
- MAKE SURE THE ENTIRE APPLICATION IS FILLED OUT - (BOTH APPLICATION AND CREDIT CARD AUTHORIZATION FORMS SIGNED AND DATED)
- RETURN THE ORIGINAL COMPLETED FORMS TO US BY:

FAX - ATTN: CREDIT DEPARTMENT 213-455-3151

OR

**MAIL : ATTN: CREDIT DEPARTMENT
LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC
One Wilshire Building
624 South Grand Avenue Suite 150
Los Angeles, CA 90017**

OR

E-MAIL: SALES@LS1SUPPLIES.COM



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CREDIT APPLICATION FOR BUSINESS ACCOUNT – N20 TERMS

LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC. IS HAPPY TO EXTEND CREDIT TO ALL CUSTOMERS WHO MEET THE FOLLOWING CRITERIAS:

1. LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC. VERIFIES CREDIT WORTHINESS BY ORDERING A PERSONAL CREDIT REPORT IF THE COMPANY IS DEFINED AS A SOLE PROPRIETOR OR PARTNERSHIP. FOR ALL OTHERS LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC. WILL ORDER A DUN AND BRADSTREET CREDIT REPORT. A LIST OF REFERENCES WILL ALSO BE REQUESTED AND CHECKED.
2. **THE MAXIMUM STANDARD AMOUNT OF CREDIT** WE OFFER IS \$40,000.00. WE WILL EXTEND HIGHER CREDIT LIMITS ON A CASE BY CASE BASIS. THE CREDIT LIMIT MAY BE REDUCED IF THE CUSTOMER HAS A POOR OR RISKY CREDIT RATING, AN UNRELIABLE PAYMENT HISTORY WITH US, OR ONE OR MORE PAST DUE BILLS.
3. WE OFFER THE FOLLOWING **CREDIT TERMS**: DEPOSIT WITH BALANCE DUE UPON DELIVERY, DEPOSIT WITH PERIODIC PROGRESS PAYMENT, N20 – NET AMOUNT DUE IN 20 DAYS, COD- CASH ON DELIVERY. FOR YOUR CONVENIENCE, THE EXACT DUE DATE WILL BE NOTED ON YOUR INVOICE.
4. **LATE PAYMENTS RESULT IN THE FOLLOWING**: ANY UNPAID BALANCE AFTER THE DUE DATE WILL BE SUBJECT TO A LATE PAYMENT CHARGE NOT TO EXCEED 1.5% PER MONTH AND MAY RESULT IN REDUCED CREDIT LIMIT OR REVOCATION OF CREDIT PRIVILEGES.
5. **OVERDUE BILLS**: AT 11 DAYS PAST DUE, WE SEND A FORMAL LETTER AND FINANCE CHARGES START ACCRUING. AT 30 DAYS PAST DUE, WE MAY ELECT THE RIGHT TO SEND YOU TO COLLECTION AND UPDATE YOUR CREDIT REPORT AGENCY AND DUN AND BRADSTREET ACCORDINGLY. ALL FEES RELATED TO THE COLLECTION OF OVERDUE OR UNPAID BILLS WILL BE ADDED TO YOUR BALANCE DUE. IF WE HAVE A CREDIT CARD ON FILE YOU CREDIT CARD WILL BE CHARGED THE DELINQUENT AMOUNT UNLESS YOU DISPUTE THE INVOICE.
6. **RETURNED CHECKS/PAYMENTS**: THERE WILL BE A \$50.00 CHARGE FOR EACH RETURNED CHECK/PAYMENT AND FINANCE CHARGES ADDED TO THE ORIGINAL INVOICE. UPON REQUEST, ALL RETURNED CHECKS WILL NEED TO BE PAID WITHIN 24 HOURS. WE RESERVE THE RIGHT TO REFUSE FUTURE CHECKS AND REQUEST MONEY ORDERS, WIRE TRANSFERS OR CASHIER'S CHECKS WHEN DEEMED NECESSARY. WE ENCOURAGE YOU TO REQUEST A CREDIT APPLICATION SO THAT WE MAY REVIEW YOUR CREDIT WORTHINESS. THE FOLLOWING TERMS WILL APPLY TO THOSE CUSTOMERS WHOSE CREDIT APPLICATION IS DENIED OR NOT ON FILE: DEPOSIT WITH PERIODIC PROGRESS PAYMENT AND BALANCE DUE UPON DELIVERY. WE HOPE THIS POLICY HAS ANSWERED MANY OF YOUR QUESTIONS. IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR CREDIT DEPARTMENT OR ACCOUNTS PAYABLE DEPARTMENT AT 213-286-2602. PLEASE SIGN AND RETURN THIS POLICY WITH YOUR CREDIT APPLICATION.

WE ENCOURAGE YOU TO REQUEST A CREDIT APPLICATION SO THAT WE MAY REVIEW YOUR CREDIT WORTHINESS. THE FOLLOWING TERMS WILL APPLY TO THOSE CUSTOMERS WHOSE CREDIT APPLICATION IS DENIED OR NOT ON FILE: DEPOSIT WITH PERIODIC PROGRESS PAYMENT AND BALANCE DUE UPON DELIVERY.

WE HOPE THIS POLICY HAS ANSWERED MANY OF YOUR QUESTIONS. IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR CREDIT DEPARTMENT OR ACCOUNTS PAYABLE DEPARTMENT AT 213-286-2602

PLEASE SIGN AND RETURN THIS POLICY WITH YOUR CREDIT APPLICATION.

SIGNATURES

PRINTED NAME & TITLE:
COMPANY:
DATE:

PRINTED NAME & TITLE:
COMPANY:
DATE:



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CREDIT APPLICATION FOR BUSINESS ACCOUNT					
BUSINESS CONTACT INFORMATION					
Company name:			Contractor's license number:		
Phone:		Fax:	Website:		
Registered company address:					
City:			State:	ZIP Code:	
Purchasing agent name:			Title	E-mail:	
Requested credit line*:			Purchase order required?	Verbal ok?	
Name of Officers / Partners / Proprietor		Title	Social Security #	Home Phone #	Bus Phone #
Date business commenced:			Date business incorporated:		
Sole proprietorship:		Partnership:	Corporation:		Other:
BILLING AND CREDIT INFORMATION					
Billing address:					
City:			State:	ZIP Code:	
How long at current address?					
Accounts Payable Contact:			Dun & Bradstreet #:		
Telephone:		Fax:	E-mail:		
BANK INFORMATION					
Bank name:					
Bank address:			Phone:		
City:			State:	ZIP Code:	
Type of account		Account numbers			
Savings					
Checking					
Other					
BUSINESS/TRADE REFERENCES					
Company name:					
Address:					
City:			State:	ZIP Code:	
Phone:		Fax:	E-mail:		
Type of account:					
Company name:					
Address:					
City:			State:	ZIP Code:	
Phone:		Fax:	E-mail:		
Type of account:					
Company name:					
Address:					
City:			State:	ZIP Code:	
Phone:		Fax:	E-mail:		
Type of account:					



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CREDIT APPLICATION FOR BUSINESS ACCOUNT

AGREEMENT

All invoices are to be paid within 20 days following billing date. A 1.5% monthly service charge will be added to all amounts that remain unpaid 10 days after the due date.

Applicant and guarantor(s) understand and agree that if any invoice is not paid in full within the time stated on the invoice, LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC. may – in its discretion- refuse to release any further materials or manpower/work until the account is brought current, regardless of whether additional work or materials had been previously ordered. Credit is conditioned on applicant and guarantor(s) continuing to meet LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC's Credit Policy.

Regarding venue, applicant and guarantor(s) agree that any action brought on this account will be in the Los Angeles County, CA. Claims arising from invoices must be made within 7 working days.

By submitting this application applicant and guarantor(s) certify and warrant that the above information is true and correct and unconditionally guarantee all obligations incurred by applicant and guarantor(s), and further promise to pay any and all reasonable attorney's fees and/or expenses which may be incurred in collection of this account. This is a continuing guaranty.

Applicant authorizes LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC. to make inquiries to the banking, savings, business, and/or trade references you have supplied.

SIGNATURES

PRINTED NAME & TITLE: COMPANY: DATE:	PRINTED NAME & TITLE: COMPANY: DATE:
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LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES INC.
CREDIT CARD AUTHORIZATION FORM FOR PAYMENT OF ORDERS AND ACCOUNT



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Use this form to authorize LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. to set up recurring credit card billing for services that LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. provides for you. PRINT BLANK FORM and complete with black or blue ink pen before mailing. Please PRINT clearly. INCOMPLETE FORMS CANNOT BE PROCESSED. Remember to fill out ALL INFORMATION.

BUSINESS INFORMATION

LEGAL BUSINESS NAME:		DBA NAME:
CARD HOLDER FIRST NAME:		CARD HOLDER LAST NAME:
PHONE:	FAX:	E-MAIL:
REGISTERED BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
WEB SITE:		DATE BUSINESS COMMENCED:

CREDIT CARD INFORMATION

Regulations pertaining to credit card purchases require LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. You are authorized to charge my invoices to the following credit card each billing period:

CREDIT CARD TYPE:	CREDIT CARD NUMBER:
CARD EXPIRATION DATE: MONTH _____ YEAR _____	CARD ID# _____ (REQUIRED FOR YOUR SECURITY)

<p>NOTE: This form must be completed, signed and faxed to 213-455-8155 before automatic recurring credit card billing can begin.</p> <p>INCOMPLETE FORMS CANNOT BE PROCESSED</p>	<p>For American Express Cards, it's the 4 digits located on the front of the card.</p>	
	<p>For Visa or Mastercard, it's the 3 digits on the back of the card.</p>	

AGREEMENT

LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. can automatically make credit card payments for you on-line at our secured web site each billing period, as charges are approved (PO, service order, email confirmation, etc). Your credit card will be charged on the date of the invoice. You will still receive an invoice for all services by email or mail. You will also receive a statement acknowledging your payment by e-mail or mail. If there is an adjustment to a PAID invoice, the adjustment will automatically be applied to your next invoice in the form of a credit/ credit memo.

For all approved N20 accounts your credit card will only be charged if your payments are 10 days delinquent, unless you notify us otherwise.

I hereby authorize LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc to charge the credit card listed above for payment of services or merchandise and other related expenses which are incurred by me or my company. I certify that I am authorized to sign this form on behalf of my company. I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this blanket billing agreement with LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. I authorize LIGHT SOURCE 1 COMMUNICATIONS SUPPLIES Inc. to run an address verification search. This verification process is a security measure designed to protect me, the client, from illegal fraud against my credit card. This form will be kept on file and remain in effect until the expiration date or specifically revoked in writing. It is the responsibility of the person named above to submit a new form and notify us of a new expiration date when a credit card has been renewed or a card has been revoked, canceled or stolen.

AUTHORIZED SIGNATURE: _____ DATE: _____