



# Credit Application

1720 Willow Creek Circle #520  
 Eugene, OR 97402  
 (541) 431-0026  
 (541) 284-5607 Fax  
[info@lightsmyth.com](mailto:info@lightsmyth.com)

Please complete all applicable fields

Date:	P.O. #:
Company/University Name:	Department:
Mailing Address:	Persons Authorized to place orders:
Phone#:	Email:
Business Description:	
Year Established:	Number of Employees:
Dun & Bradstreet #:	Credit Limit Requested:
Is Company owned or affiliated with another company?	
If yes, please identify company:	
Billing Contact Name:	Billing Email Address:
Billing Phone#	Billing Fax#:
<b>Financial References:</b>	
Bank:	Contact:
Address:	
Phone#:	Account#:
<b>Trade References:</b>	
Company:	Phone/Fax/Email:
Address:	
Company:	Phone/Fax/Email:
Address:	
Company:	Phone/Fax/Email:
Address:	
<p>I certify that the above information is correct to the best of my knowledge. I/We hereby authorize LightSmyth Technologies to check the references listed pertaining to my/our credit and financial responsibility. I/We hereby acknowledge that the terms of all sales are <b>Net 30 Days</b>. Applicants signature attests financial responsibility, ability, and willingness to pay in accordance the terms.</p>	
Signature: _____	Date: _____