



1-213-455-8155

www.ls1inc.com
billing@ls1inc.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

INSTRUCTIONS

- PRINT OUT BLANK FORMS
 - COMPLETE FORM WITH BLACK OR BLUE INK PEN
 - MAKE SURE THE ENTIRE APPLICATION IS FILLED OUT –
(BOTH FORMS SIGNED AND DATED)
 - RETURN THE ORIGINAL COMPLETED FORMS TO US BY:
 - FAX - ATTN: CREDIT DEPARTMENT 213-455-8155
- OR
- EMAIL : BILLING@LS1INC.COM

LIGHT SOURCE 1, INC.
707 Wilshire Blvd
Suite 4125
Los Angeles, CA 90017



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

- 1- LIGHT SOURCE 1, 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, 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, N15 – NET AMOUNT DUE IN 15 DAYS, 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- WE OFFER THESE INCENTIVES FOR **EARLY PAYMENT**: FOR ALL N15 AND N20 PAYMENTS, YOU MAY TAKE A 2% DISCOUNT FOR PAYMENTS MADE WITHIN 10 DAYS.
- 5- **LATE PAYMENTS HOWEVER 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.
- 6- **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.
- 7- **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 213-455-8155.

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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www.lightsource1.com
ap@lightsource1.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT (PAGE 2/3)

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 A BUSINESS ACCOUNT (PAGE 3/3)

AGREEMENT

All discountable invoices are subject to a discount if paid and received within the discount period. All invoices are to be paid within 30 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, 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, 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, Inc. to make inquiries to the banking, savings, business, and/or trade references you have supplied.

SIGNATURES

PRINTED NAME:
TITLE:
DATE:

LIGHT SOURCE 1 INC
A TELECOMMUNICATIONS CONTRACTOR

PRINTED NAME:
TITLE:
DATE: