Tel. (631) 434-8288
Fax (631) 434-1344
sales@roncolighting.com
www.roncolighting.com

RONCO LIGHTING
www.roncolighting.com

400 Oser Avenue
Suite 1300
Hauppauge, NY 11788

NEW CUSTOMER CREDIT APPLICATION

Company Name:_____ Date: _____

Address:_____ Phone: _____

_____ Fax: _____

Email address*:_____

Corporate Name (if different from above):_____

Type of Business: _____Corporation _____Partnership _____Individual Owner

Names of Owners/Officers: President:_____

Vice- President:_____

Secretary:_____

Treasurer:_____

Accounts Payable Contact:_____ Phone:_____ Ext._____

==========

Are the products being purchased for RESALE ? Y N (please circle one)
Are the products being purchased EXEMPT FROM SALES TAX ? Y N (please circle one)
If YES, Resale/Tax Exempt Certificate number:_____
Please also complete the appropriate Resale/Exempt form and forward for our records.

==========

Our Terms of Payment: 1% 10 Days - Net 30

==========

CREDIT REFERENCES : Please be sure to include FAX NUMBERS for eachreference given.

Bank Name: _____Acct Type / # _____

Address:_____Person to Contact: _____

_____FAX: _____

Trade Reference:_____Phone:_____

Address:_____ Fax:_____

_____ Contact:_____

Trade Reference:_____Phone:_____

Address:_____ Fax:_____

_____ Contact:_____

Trade Reference:_____Phone:_____

Address:_____Fax:_____

_____ Contact:_____

_____/_____/_____

Authorized Signature / Title Print Name Date