

To be considered a valid credit application, this document must be received back typewritten with all of the required fields (outlined in red) filled in. We also require you to indicate only the primary Christie Lites Location you will be doing business with. Your signature is optional and may be applied digitally or you may print the form out after typing in your information to sign the form by hand.

**CREDIT AGREEMENT AND APPLICATION**

The location I will primarily doing business with is:

SALES:	CL-Sales				
RENTALS:	Orlando	Dallas	Seattle	Ottawa	Las Vegas
	Edmonton	Halifax	Calgary	Toronto	New York
	Vancouver				

Date: \_\_\_\_\_

**Name of Corporation:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Person to contact regarding Accounts Payable: \_\_\_\_\_

**Business Information**

Type of Ownership:	Corporation	Partnership	Other (specify)
Taxpayer I.D. Number:	_____	State of Organization:	_____
Name of Partnership (if applicable):	_____		
Nature of Business:	_____		
Years in Business:	_____	Years at Above Location:	_____
Number of Branches Owned / Operated by this Company:	_____		
If more than one, does each pay/purchase individually?	Yes	No	
Does this Company Operate Under Other Trade Names?	Yes	No	
Credit Limit Requested:	_____		

**Principle(s) and/or Owner(s)**

Name:	_____	Title:	_____
Telephone:	_____	Facsimile:	_____
Name:	_____	Title:	_____
Telephone:	_____	Facsimile:	_____



Name of Creditor:		_____
Address:		_____
City:	_____	Prov/State: _____
Postal/Zip Code:	_____	
Telephone:	_____	Facsimile: _____
Contact:	_____	Title: _____
E-Mail Address (required)		_____
Years doing business:	_____	High Limit \$ _____
Balance Due:	_____	Account #: _____

Name of Creditor:		_____
Address:		_____
City:	_____	Prov/State: _____
Postal/Zip Code:	_____	
Telephone:	_____	Facsimile: _____
Contact:	_____	Title: _____
E-Mail Address (required)		_____
Years doing business:	_____	High Limit \$ _____
Balance Due:	_____	Account #: _____


**Customer Declaration**

Applicant authorizes and consents to the receipt, exchange and use of information about us by Christie Lites and its affiliates for the purposes of obtaining credit or increasing a line of credit and the sharing or exchanging of reports and information with credit reporting agencies, credit bureaus and/or any other person, corporation, firm or enterprise with whom the company has or proposes to have a financial relationship. We authorize these parties to give Christie Lites the necessary financial information. By signing below, we certify that the information given is true and correct and that the account balance will be paid according to the terms of sale/rental.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (optional)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date