State Line Lighting

until there's a cure for the dark

P.O. Box 32153 Charlotte, NC 28232

NEW CUSTOMER APPLICATION

Corporation _____ Partnership _____ Proprietorship _____ LLC _____

Federal Tax ID: _____

Customer Name: _____

Billing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Accounts Payable Contact: _____

Accounts Payable Telephone#: _____

Accounts Payable Email: _____

Purchasing Contact: _____

Purchasing Telephone#: _____

Purchasing Email: _____

Requested credit limit amount based on NET 30 term *(if applicable)* _____

Are you Tax Exempt? Yes _____ No _____

Can you accept emailed invoices? Yes _____ No _____

****Please attach a copy of tax-exempt certificate if non-taxable****

Customer understands and agrees that if invoices for products purchased from State Line Lighting, Inc. (State Line Lighting) are not paid within 30 days from the date of each invoice, Customer shall pay to State Line Lighting, in addition to the amount of the invoice, a finance charge of 1.5% per month on the unpaid amount of the invoice.

Customer understands and agrees that upon default by Customer in timely payment of any invoice from State Line Lighting, State Line Lighting may employ an attorney to enforce its rights and remedies, and Customer agrees to pay to State Line Lighting the reasonable attorneys' fees plus all other reasonable costs and expenses incurred by State Line Lighting in exercising its rights and remedies upon default by Customer.

SIGNATURE FOR CUSTOMER:

Date: _____ Name: _____

Title: _____

Please email completed form to ar@statelinelighting.com or fax to Accounts Receivable at 888-887-4491

PERSONAL GUARANTEE

To induce State Line Lighting, Inc. to extend credit to the Customer, each of the undersigned, jointly and severally if two or more, hereby absolutely and unconditionally personally guarantees the full and prompt payment of all amounts due from Customer to State Line Lighting, Inc. as and when due.

Guarantor 1: _____
Signature

Printed Name: _____

Home Address: _____

City, State, Zip: _____

Social Security number: _____

Guarantor 2: _____
Signature

Printed Name: _____

Home address: _____

City, State, Zip: _____

Social Security number: _____

Guarantor 3: _____
Signature

Printed Name: _____

Home Address: _____

City, State, Zip: _____

Social Security number: _____

Please email completed form to ar@statelinelighting.com or fax to Accounts Receivable at 888-887-4491