



**BANK RELEASE FORM**

This information will be held in confidence and without recourse to you.

<b>Today's Date:</b>	
<b>Company Name:</b>	
<b>Company Address:</b>	
<b>Company Phone:</b>	

<b>Financial Institution Name:</b>	
<b>Account Number:</b>	
<b>Primary Contact Name:</b>	
<b>Contact Email:</b>	
<b>Direct phone #:</b>	
<b>Fax#:</b>	

In order to process your credit application, kindly complete, sign below and return this form via fax or email as noted below.

Client's Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**BELOW INFORMATION TO BE PROVIDED BY BANKING INSTUTION ONLY**

Dear \_\_\_\_\_:

Please accept the attached document as your authorization to release the following credit information regarding your business account to 0energyLIGHTING, Inc.

**FOR BANKING INSTITUTION TO COMPLETE:**

Years Banked:	Average Balance:
Checking Account #:	Overdrafts:
Outstanding Loans:	Returned Checks:

Thank you,  
 LED Source, LLC Accounting Department  
 EMAIL: [accounting@ledsource.com](mailto:accounting@ledsource.com)

<b>FOR INTERNAL USE ONLY</b>
Credit Line: _____
Terms: _____
Approval Signature: _____
Date: _____



## NEW CUSTOMER APPLICATION

ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS APPLICATION.

If you have an existing company reference form that contains all below information, feel free to attach one.

**CUSTOMER TYPE:** (Check all that apply)

- Designer  Rep. Agency  Distributor  Facility Manager  Residential Client  
 Architect  Electrical Contractor  Business Owner  Current LED Sources Customer

Company Name: \_\_\_\_\_ Date of Application: MM/DD/YY

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Requested Line of Credit: \_\_\_\_\_

Shipping Address (If different from above):

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Type of Organization (Circle one):**      **Corporation**              **LLC**              **Partnership**              **Proprietorship**

Year of Inc./Formation:	Type of Business:
State of Inc./Formation:	Resale Certificate No. <small>(Please attach current year copy of resale certificate if applicable)</small>
Federal ID No:	DUNS No:

### SHIPPING:

Name of preferred carrier: \_\_\_\_\_

Account #: \_\_\_\_\_

### CONTACT:

President/CEO/Majority Owner (Name/Phone Number/Email):

\_\_\_\_\_  
CFO (Name/Phone Number/Email):

\_\_\_\_\_  
A/P Manager (Name/Phone Number/ Email):



**REFERENCES: (Please provide all 3)**

- 1) Company  
Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
  
- 2) Company  
Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
  
- 3) Company  
Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Fax#: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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**I/We agree that the usual credit inquiries may be made at any time in connection with the credit hereby applied for, and I/we authorize the trade and bank references named herein to release information to LED Source, LLC for purposes of obtaining or reviewing my credit line.**

**Print Name: (Authorized):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_