LAUREN ILLUMINATION

A NEW WAY OF LIGHT.

CUSTOMER APPLICATION

REVISED DATE: _____

CONTACT INFO

Company Name: _____ Contact Person: _____

Phone Number: _____ Fax Number: _____

Bill To: _____ Ship To: _____

_____ _____

Website: _____ Email: _____

COMPANY INFO

Type of Company: Distributor, Dealer/Contractor, Retail

- ◯ Distributor - Intent to resell to contractor, dealer or retail customer
- ◯ Dealer/Contractor - Buying intent to resell/install to customers
- ◯ Retail - Buying direct for personal use

Number of Employees/Salesmen: _____ Number of Years in Lighting Business: _____

Number of Stores/Dealers - If so, attach list: _____ Years in Business Tab: _____

Annual Sales Volume: _____

Trade Reference - Company Name: _____

Contact: _____ Phone Number: _____

Trade Reference - Company Name: _____

Contact: _____ Phone Number: _____

PURCHASING INFO

Which products will you consider purchasing in the next 6 months?

- ◯ Panel Lights
- ◯ Can Lights
- ◯ Lighting Accessories
- ◯ Dimming Systems

Estimated Annual Purchase Volume (USD): _____

Payment Methods

- ◯ Check
- ◯ ACH
- ◯ Wire

Tax Exempt

- ◯ Yes If yes, please provide appropriate documentation.
- ◯ No

Tax ID # _____

Billing Contact/Credit Information: _____

Billing Address: _____

_____

Marketing Strategies that will be used to sell our products? _____

_____

How did you hear about us? _____

_____

FOR INTERNAL USE ONLY

Sales Rep: _____ Credit Limit: _____

Multiplier: _____ Terms: _____

Approval: _____ Customer Number: _____

(sign & date)

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