

359 Hood Road Suite 100 • Jasper, Georgia 30143 USA Office: 706-301-9046 • Fax: 706-253-8643 • Toll Free: 855-301-4874 • novalight.com

Credit Application

After completing this application please include a copy of your Reseller's Tax Certificate, along with a completed W-9 form, and fax to 706-253-8643 or email to marlene.poole@novalight.com

Firm Name:		Headquarters:							
Address:					Phone:				
City, State, Zip:					Fax:				
E.I.N.			Years in	n Busine	ss:		D&B#		
Primary Contact		Phone	Fax			E-Mail			
-									
Purchasing Contact		Phone	Fax			E-Mail			
Accounting Contact		Phone		Fax		E-Mail			
Officer's Name(s)		Phone		Fax		E-Mail			
1									
2									
Please Complete		rences						1	
1. Name	Address	Address			City Sta			Zip	
Phone		Fax			E-Mail			.1	
2. Name	Address			City		State		Zip	
Phone		Fax			E-Mail				
3. Name	Address	<u> </u>		City		State		Zip	
Phone		Fax		T	E-Mail				
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Name of Bank			Accour	Account Number		Phone Fax			
Street Address			Contac	Contact Person					
City			State	State			Zip		
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Applicant's signature att otherwise approved in a		sibility, ability, and willingn	ness to pay our in	voices in	accordanc	e with the following	ng terms: N	et 30 Days, unless	
that the action may be th may adjudge reasonable firm to whom this applic	nere maintained witho as attorney's fee. Th ation is made to inves	er to collect any past due b ut regard to the residence le above information is for stigate the references listed 's Terms and Conditions of	of defendants, and the purpose of ob dipertaining to my	d that in taining o our creo	any action credit and is	brought hereupor s warranted to be	n I will pay s true. I/we h	uch sum as the court ereby authorize the	
NAME TITLE							DATE		
Note: Must be dated and s									