

Wholesale / Commercial Account Application

Firm Name _____ Phone () _____
Shipping Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
How long in Business? _____ How Long at Present Location? _____
Description of Business _____

OWNERSHIP: Corporation _____ Partnership _____ Proprietorship _____ Other (Explain) _____

Name(s) of Principals:

Name _____ SS# _____
Name _____ SS# _____
Bank _____ Address _____
Phone _____ Contact _____ Business Checking Acct. # _____

CREDIT REFERENCES

Name _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____ Contact _____

Name _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____ Contact _____

Name _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____ Contact _____

Are Purchases for Resale? Yes _____ No _____ Resale # _____

PLEASE ATTACH RESALE CARD Federal I.D. # _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE & VERIFY THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY THE INVOICES OF LIGHT MANUFACTURING COMPANY IN ACCORDANCE WITH THE FOLLOWING TERMS:

Approved accounts WITHOUT established credit will be C.O.D., cash, money order, or cashiers check only. A company check will be acceptable only on prior approval of Light Manufacturing Company (LMC). Once credit has been established, terms will be confined to a MAXIMUM of 30 days from the date of invoice. Remittances are expected on open accounts within that time limit. A 1.5% interest charge will be added to balances over 30 days. LMC reserves the right to add any past due balances to C.O.D. shipments. Applicant agrees to pay actual attorney fees, if incurred, to enforce collection. Open account applicants must provide an unconditional personal continuing guaranty (please see back of this application) for payment of any balances which are unpaid by the business applicant as consideration for the extension of credit terms for all purchases.

I have read the terms and conditions and agree to the above.

Signature _____
Title _____ Date _____

Light Manufacturing Company
519 SE MAIN ST. , PORTLAND, OR 97214

800.669.5483
503.231.5644 (fax)



CONTINUING GUARANTEE OF PAYMENT

I the undersigned, acting as the authorized representative of _____ (print company name) (Hereafter referred to as "The Company") do hereby agree on behalf of The Company to pay any and all bills due LIGHT MFG. COMPANY according to the terms of NET 30 days, unless otherwise stated on the invoice or statement. I understand and agree that a service charge of 1.5% per month (18% per year) will be charged against any and all past due invoices. I further understand and agree that payments must be received by LIGHT MFG. COMPANY within 30 days of the billing date to avoid service charges.

Should The Company become delinquent in prompt payment of monies owed LIGHT MFG. COMPANY, I agree to pay all costs of collection, including expenses, collection charges, court costs and attorney's fees. This guaranty is absolute, unconditional and continuing, and The Company shall pay the sums due to LIGHT MFG. COMPANY even if LIGHT MFG. COMPANY holds collateral to which it is entitled to resort for payment. This guaranty shall remain in effect until terminated by LIGHT MFG. COMPANY in writing sent via registered mail; however, any such termination shall not apply to purchases already made by The Company.

Signature _____

Print Name & Title _____

on behalf of The Company

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at the address set forth below, for and in consideration of LIGHT MFG COMPANY extending credit to The Company (as specified above), of which I am _____ (Title), hereby personally guarantee to LIGHT MFG. COMPANY the payment of all obligations of The Company. I agree to pay LIGHT MFG. COMPANY on demand any sums which may be due to LIGHT MFG. COMPANY from The Company whenever The Company shall fail to pay the same in accordance with the terms of payment set forth above. By my signature below I indicate my understanding that this guaranty shall be absolute, unconditional and continuing, and shall constitute full indemnity of all indebtedness of The Company to LIGHT MFG. COMPANY, including interest, all costs of collection, related expenses, collection charges, court costs and attorney's fees. LIGHT MFG. COMPANY shall have the right to demand and receive payment pursuant to this guaranty without first bringing any action against The Company, without joining The Company in any collection action against me as guarantor, and without pursuing or exhausting LIGHT MFG. COMPANY'S remedies against The Company.

In any action brought to enforce this guaranty or any claim arising under it, I expressly agree that venue of the preceding shall be in the County of Multnomah, State of Oregon, and that the rights of the parties shall be governed by the laws of the State of Oregon. I further hereby consent to the personal jurisdiction of the courts of the State of Oregon for any purpose or matter related to this guaranty.

Dated _____

Signature _____

Print Name _____