



National LED  
6807 Portwest Drive  
Houston TX 77024  
P 832-740-7983  
www.nationalled.com

Dear Applicant,

Please ensure all forms are completed, including the Company Contacts section, and signed so we can process your request in a timely and efficient manner. Please note that the first order requires 50% up front on credit card and then terms of NET 30 will be extended. If you have any questions regarding this application, please contact our Accounts Receivable at [accounting@nationalled.com](mailto:accounting@nationalled.com). If you have questions about placing an order or application status, please contact our Customer Service at [sales@nationalled.com](mailto:sales@nationalled.com). Thank you, and we hope you have a great day!



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**CREDIT APPLICATION**

Company Name \_\_\_\_\_ Line of Credit Requested \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_ For Past \_\_\_\_\_ years

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

*Invoices sent via email*

Email address for Invoices: \_\_\_\_\_

Type of Business (check one):  Sole Proprietorship  Partnership  Corporation

Date Established \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_ No. of Employees \_\_\_\_\_

Name of Parent Company if a subsidiary \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Has the firm or any of its principals ever been Bankrupt?  Yes  No

If Yes, explain \_\_\_\_\_

Taxable?  Yes  No Sales tax exemption certificate number \_\_\_\_\_

**Please attach Sales & Use Tax Certificate if any purchases are exempt. If not, tax will be added to order.**

**COMPANY CONTACTS**

Principal \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Principal \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Purchasing \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Purchase Order No. Required? (check one)  Yes  No

Accounts Payable \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### BANK REFERENCE

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

### TRADE REFERENCES

1. Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 2. Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 3. Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30 days) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

<b>INTERNAL USE ONLY</b>	Approved / Denied	Approved Date
Account Opened	Credit Limit	Terms
Salesperson	Approved by	



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**Confidential**  
**Authorization to Release Bank Information**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone \_\_\_\_\_ Bank Email \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

**AUTHORIZATION TO RELEASE BANK INFORMATION**

I hereby authorize the full release of all bank information to National LED for the sole purpose of establishing an open line of credit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**FOR BANK USE ONLY**

Date Account Opened \_\_\_\_\_ Average Daily Balance \$ \_\_\_\_\_

Average (check one)     Low     Medium     High

Balance (check one)     Four Figure     Five Figure     Six Figure

<b>LOAN</b>	<b>HIGH</b>	<b>PRESENT</b>	<b>LOAN EXPERIENCE</b>
Unsecured	\$ _____	\$ _____	<input type="checkbox"/> Satisfactory
Secured	\$ _____	\$ _____	<input type="checkbox"/> Unsatisfactory
Mortgage	\$ _____	\$ _____	Comments: _____
Installment	\$ _____	\$ _____	_____

Line of Credit Available (check one)     Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_



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**CREDIT REFERENCE REQUEST**

Date \_\_\_\_\_

To \_\_\_\_\_ Attention \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The above company has listed your organization as a credit reference. For the purpose of establishing credit with National LED please provide us with information concerning your experience with the applicant listed above. All information will be held strictly confidential. Your assistance is greatly appreciated.

**CHECK HERE IF YOU SHOW NO RECORD OF THE ABOVE MENTIONED CLIENT**

Sold Since Date \_\_\_\_\_ Date of Last Activity \_\_\_\_\_ Credit Limit \$ \_\_\_\_\_

High Credit \$ \_\_\_\_\_ Present Balance \$ \_\_\_\_\_ Past Due Balance \$ \_\_\_\_\_

**\*\*If there is a Past Due Balance, specify what amounts in each category below\*\***

\$ \_\_\_\_\_ 30 DAYS      \$ \_\_\_\_\_ 60 DAYS      \$ \_\_\_\_\_ 90 DAYS      \$ \_\_\_\_\_ OVER 90 DAYS

Explanation for Past Due \_\_\_\_\_

Payment Terms (check one)

CASH       30 DAY       60 DAY       OTHER \_\_\_\_\_

Client's Payment Trend (DBT = Days Beyond Terms)

As Agreed/Within Terms       15 DBT       30 DBT       60 DBT       90+ DBT

Additional Information \_\_\_\_\_

**REQUESTED BY APPLICANT**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_



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**CUSTOMER CREDIT CARD INFORMATION**

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Credit Card  VISA  Master Card  American Express  Discover

Card Holder Name \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expire Date \_\_\_\_\_ / \_\_\_\_\_ (mm/yyyy)

Security Code \_\_\_\_\_ (3 or 4 digit code on the back of the credit card)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If you would like an emailed receipt, please provide you email address \_\_\_\_\_



## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)											
Address (Street & number, P.O. Box or Route number)												
City, State, ZIP code												
Texas Sales and Use Tax Permit Number (must contain 11 digits)												
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico												
<table border="1"> <tr> <td> </td> </tr> </table> <i>(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</i>												

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: US LED, LTD

Street address: 6807 Portwest Drive

City, State, ZIP code: Houston, TX 77024

Description of items to be purchased on the attached order or invoice:

  
  

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

  
  

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

Purchaser	Title	Date
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This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.