

AE Light

Allsman Enterprises, LLC.

Your Customer

For the purpose of obtaining credit, the following statement made in writing is warranted to be true, intending that we should rely on same as correct. Applicant hereby authorizes the firm, or its agents, to whom application is made to, investigate the references listed below to ascertain the undersigned's personal, partnership or corporate credit and financial responsibility. You may submit preprinted company data in lieu of completing however signature page MUST be signed and returned.

APPLICANT: _____ BY: _____

1. NAME OF BUSINESS: _____ TELEPHONE : _____

FAX: _____

TYPE OF BUSINESS: _____ EMAIL: _____

2. MAILING ADDRESS: _____
P.O. BOX CITY STATE ZIP

3. STREET ADDRESS: _____
STREET CITY STATE ZIP

4. OWNERSHIP CORPORATION PARTNERSHIP PROPRIETORSHIP LLC FED ID OR SS# _____

FULL NAME (List all owners) (use separate sheet if necessary)

Home Address

Phone#

5. DATE BUSINESS STARTED: _____ (if less than 2 years, please complete #8).

6. CURRENT OWNERS SINCE: _____

7. OTHER BUSINESS INTEREST(S) OF OWNERS:

Firm Name

Address

8. FORMER EMPLOYMENT OF OWNERS, if business is less than 2 years old.

Owner(s)	Employer and Address	Employed as (time)
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Owner(s)	Employer and Address	Employed as (time)
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9. BUSINESS LICENSES HELD:

STATE

CLASSIFICATIONS

LICENSE NO.

NAME ISSUED UNDER

RESALE NO: _____ CREDIT LIMIT REQUESTD: \$ _____

NAME AND ADDRESS OF BONDING COMPANY: _____

AGENT: _____ EXPIRATION DATE: _____

P.O. Box 1869, Rogue River, Oregon 97537

Ph. 541-471-8988

Fax: 541-471-2263

hid@AELight.com

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10. WE PURCHASE ON OPEN ACCOUNT WITH THE FOLLOWING: (attach separate sheet if necessary)

<u>Major Suppliers</u>	<u>Address (complete)</u>	<u>Zip</u>
A) _____	_____	_____
Ph# _____	FAX _____	Acct# _____
B) _____	_____	_____
Ph# _____	FAX _____	Acct# _____
C) _____	_____	_____
Ph# _____	FAX _____	Acct# _____
D) _____	_____	_____
Ph# _____	FAX _____	Acct# _____
E) _____	_____	_____
Ph# _____	FAX _____	Acct# _____

11. BANK REFERENCES

Main bank Name _____ Branch: _____
Address: _____ Zip _____ Checking Savings
Account #' (s) Checking _____ Savings _____ Credit Line \$ _____
Phone: _____ Contact Name: _____



A SERVICE CHARGE OF \$25.00 WILL BE CHARGED FOR EACH CHECK RETURNED UNPAID.
An interest charge of 1.5% per month will be charged to unpaid invoices past 30 days.

This application is to obtain credit from Allsman Enterprises, LLC dba AE Light, whether purchases are to be made now or hereafter in the event any part of all or any sum owing from the undersigned to above-named company becomes past due, or in the event any term, credit or purchase has not been met as agreed any part of sums owing to the company, whether or not then due, shall thereupon become due and payable in full at the option of the company. The undersigned agrees to pay all reasonable costs, expenses, interest charges, Service charges, and attorney's fees, whether suit is filed or not, incurred in the enforcement of any obligation of the undersigned, or incurred in the collection of any sum due, extended in reliance hereon. The undersigned agrees to pay all sums due to the company, at Josephine County, Oregon. The undersigned further agrees that the venue of any action brought against the undersigned by either of the companies hereunder to collect any sums shall be Josephine County, Oregon.

Date: _____

Signature

Title (Must be principal, officer, or partner) Name (please print)

UNSIGNED OR INCOMPLETE APPLICATION CANNOT BE PROCESSED

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