



CREDIT APPLICATION

Thank you for your interest in Bite-Lite LLC. To help process your order as quickly as possible, please complete all the information requested and fax the application to: **877-865-1048**

Customer Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Email for electronic invoice: _____

Bank or Financial Institution

Name of Bank: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Account Number: _____

Credit references pertain to those companies (vendors, not your customers) with whom you currently engage in business and have an established line of credit and payment history.

Credit Reference #1

Company Name: _____

Address: _____

Telephone Number

Fax Number

Email:

Credit Reference #2

Company Name: _____

Address: _____

Telephone Number

Fax Number

Email:

Credit Reference #3

Company Name: _____

Address: _____

Telephone Number

Fax Number

Email:

Your signature below hereby authorizes the above named to release the requested information to Bite-Lite-LLC. and/or its representatives for the sole purpose of establishing credit. Upon approval, Terms are Net 30 days.

Signature: _____ Date: _____

Printed Name: _____ Title: _____