



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. If you have questions about placing an order or application status, please contact our Customer Service at 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 _____

INTERNAL USE ONLY	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

LOAN	HIGH	PRESENT	LOAN EXPERIENCE
Unsecured	\$ _____	\$ _____	Satisfactory
Secured	\$ _____	\$ _____	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)	
Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico	
(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)	

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.