

# CLASSIC LAMP PARTS

## NEW ACCOUNT INFORMATION

### BUSINESS CONTACT INFORMATION AND PREFERENCES

Company Name:

Contact Person:

Position:

Phone:

Fax:

E-mail:

Company address:

City:

State:

ZIP Code:

Shipping Address (if different):

City:

State:

ZIP Code:

**PLEASE CHECK ONE: Do you prefer invoices**

**Mailed**

**E-Mailed**

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid within agreed payment terms.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Classic Lamp Parts, LLC. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:  
Date:

Title:  
Date:

Please submit completed form via email to [CustomerService@ClassicLampParts.com](mailto:CustomerService@ClassicLampParts.com) or fax to (323) 446-7534