



WHOLESALE ACCOUNT BUSINESS APPLICATION

IMPORTANT NOTE: a photocopy of resale license or tax certificate must accompany this document
Name / Address (required)

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax ID Number:
Address:			
City:	State:	Zip:	Phone:

Company Information (required)

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Proprietorship: <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Zip: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: Zip: Phone:

Bank References (complete only if applying for credit terms)

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References (complete only if applying for credit terms)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this Credit Application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. *By signing below, I agree to be responsible for any debt, costs associated with collection thereof, and/or any and all otherwise outstanding balance owed hereunder to such company extending credit pursuant hereto.*

Signature

Date

Village Lighthouse, Inc.
15019 Califa Street, Van Nuys, California 91411
Telephone: (818) 778-0802 Fax: (818) 778-0806
Email: SalesSupport@VillageLighthouse.com