

# THE **KIRLIN** COMPANY

3401 EAST JEFFERSON AVENUE • DETROIT, MI 48207-4232  
 313-259-6400 • FAX: 313-202-1009

[AR@kirlinlighting.com](mailto:AR@kirlinlighting.com)



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## CREDIT APPLICATION

NAME OF BUSINESS		DATE	
CONTACT		EMAIL	
ADDRESS		PHONE	
CITY	STATE	ZIP	FAX
<b>BUSINESS STRUCTURE</b>	CORPORATION <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>
	D & B Number _____		SOLE PROPRIETORSHIP <input type="checkbox"/>
	STATE: _____		
	IF A DIVISION OR SUBSIDIARY: NAME OF PARENT: _____		
NUMBER OF YEARS COMPANY HAS BEEN IN BUSINESS: _____			
<b>COMPANY PRINCIPALS IN CHARGE OF BUSINESS ACTIVITY</b>	NAME		POSITION
	NAME		POSITION
	NAME		POSITION
<b>ACCOUNTS PAYABLE CONTACT</b>			PHONE
			EMAIL
<b>LICENSE DATA</b>	STATE RESALE LICENSE #		FEDERAL TAX ID
<b>BANK REFERENCE</b>	NAME		BRANCH LOCATION
	BRANCH ADDRESS		STATE ZIP PHONE
	ACCOUNT NUMBER		BANK CONTACT
<b>CREDIT DEPARTMENT USE ONLY</b>			
CREDIT LIMIT: _____		DATE: _____	
CUSTOMER NUMBER: _____		APPROVED BY: _____	

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

<b>TRADE REFERENCES</b>	FIRM NAME	CONTACT NAME	CURRENT BALANCE
	STREET ADDRESS	CITY	STATE ZIP PHONE
	ACCOUNT OPENED	HIGH CREDIT TERMS	AMOUNT DUE \$ PAST DUE \$
	PAYMENT HISTORY		
	DISCOUNT <input type="checkbox"/>	PROMPT <input type="checkbox"/>	SLOW _____ DAYS
	FIRM NAME	CONTACT NAME	CURRENT BALANCE
	STREET ADDRESS	CITY	STATE ZIP PHONE
	ACCOUNT OPENED	HIGH CREDIT TERMS	AMOUNT DUE \$ PAST DUE \$
	PAYMENT HISTORY		
	DISCOUNT <input type="checkbox"/>	PROMPT <input type="checkbox"/>	SLOW _____ DAYS
	FIRM NAME	CONTACT NAME	CURRENT BALANCE
	STREET ADDRESS	CITY	STATE ZIP PHONE
	ACCOUNT OPENED	HIGH CREDIT TERMS	AMOUNT DUE \$ PAST DUE \$
	PAYMENT HISTORY		
	DISCOUNT <input type="checkbox"/>	PROMPT <input type="checkbox"/>	SLOW _____ DAYS
	FIRM NAME	CONTACT NAME	CURRENT BALANCE
STREET ADDRESS	CITY	STATE ZIP PHONE	
ACCOUNT OPENED	HIGH CREDIT TERMS	AMOUNT DUE \$ PAST DUE \$	
PAYMENT HISTORY			
DISCOUNT <input type="checkbox"/>	PROMPT <input type="checkbox"/>	SLOW _____ DAYS	
<b>AUTHORIZED PURCHASERS</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	PURCHASE ORDER REQUIRED? _____ YES _____ NO		
<b>STATE OF DATA ACCURACY and RELEASE OF AUTHORITY TO VERIFY</b>	<p>The undersigned, for the purpose of procuring and establishing credit from time to time with The Kirlin Company, hereafter referred to as Supplier, and to induce Supplier to permit (<i>Customer Name</i>) _____ to become indebted to Supplier for purchase of goods, materials and/or services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certifies that all information in this Credit Application is complete, factual and correct, and understands Supplier will rely on the accuracy of this information for any credit, which may be extended. The undersigned hereby expressly authorizes Supplier to contact any parties listed by Supplier herein for the purpose of verifying any information contained in this Credit Application. The undersigned hereby waives any right of privacy it may have in such information, and waives the effect and benefit of any statutes or regulations which give it the right to control or bar the release of such information. Further, the undersigned hereby authorizes such parties to disclose to Supplier whatever information they may have with respect to the undersigned, and hereby agrees to hold such parties harmless for any such disclosure. If any representations made on this application prove to be untrue, the undersigned agrees that all obligations of (<i>Customer Name</i>) _____ to, or held by, Supplier shall immediately become due and fully payable without demand or notice. The undersigned hereby acknowledges receipt of a copy of this Credit Application.</p>		

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE OR PRINT NAME

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Accounts Receivable / Credit Manager, 3401 E. Jefferson, Detroit, MI 48207, 313-259-6400 x320, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.