

3401 E. Jefferson Ave. | Detroit, MI 48207-4232
313.259.6400 | AR@kirlinlighting.com | www.kirlinlighting.com

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

TRADE REFERENCES	FIRM NAME		CONTACT NAME		EMAIL ADDRESS	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP	PHONE
	YEARS OF EXPERIENCE			ANNUAL VOLUME (\$)		
	PAYMENT HISTORY: AVERAGE # DAYS: _____			TERMS: _____		
	FIRM NAME		CONTACT NAME		EMAIL ADDRESS	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP	PHONE
	YEARS OF EXPERIENCE			ANNUAL VOLUME (\$)		
	PAYMENT HISTORY: AVERAGE # DAYS: _____			TERMS: _____		
	FIRM NAME		CONTACT NAME		EMAIL ADDRESS	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP	PHONE
	YEARS OF EXPERIENCE			ANNUAL VOLUME (\$)		
	PAYMENT HISTORY: AVERAGE # DAYS: _____			TERMS: _____		
AUTHORIZED PURCHASERS	NAME		TITLE		AUTHORIZED AMOUNT	
	_____		_____		_____	
	_____		_____		_____	
STATE OF DATA ACCURACY AND RELEASE OF AUTHORITY TO VERIFY	<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 (Customer Name) _____ 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 also permits Supplier to obtain credit reports on the Supplier or, if a sole proprietor, on the individual applying for an account for the purpose of establishing the account and for account review/ collection purposes. 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 (Customer Name) _____ 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 and agrees to the terms and conditions set forth in the Acceptance of Payment Terms (attached).</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 x321, 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.



Lighting the Future Since 1895

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Credit Application Acceptance of Payment Terms

A) Terms and Conditions of Sale: Architectural and Healthcare Products

PAYMENT and CREDIT:

Invoices are billed and payable in U.S. currency only. Payment terms are net 30 days receipt from the invoice date. Kirlin may offer discounted payment terms of 1% 10 days receipt, net 30 days receipt. No discount is allowed unless specified on the invoice. If offered, the cash discount is allowed on payments received on/before 10 days from invoice date. Credit card payments accepted (additional charges may apply). To arrange, contact 313.259.6400 x321.

ACH is our preferred payment method - please email AR@kirlinlighting.com to obtain this information.

Delinquent accounts are subject to a finance charge of 1.5% per month. Advance cash payments for new/delinquent customers may be required.

MINIMUM BILLING:

Incoming luminaire orders: \$500.00. Replacement parts: \$100.00.

FREIGHT:

All shipments are F.O.B. our dock. Freight is paid on qualifying shipments, single release, to point nearest destination served on through rates from Detroit, in contiguous continental USA, our routing, as follows: **Architectural (non-Select Series) and Healthcare (non-Motorized Series): \$8000.00.** Freight on shipments less than the above and/or excess freight resulting from combination rates, beyond charges, special routing or expedited means specified by the customer will be shipped prepaid and billed to the customer by Kirlin. Any applicable taxes or brokerage fees are paid by the customer.

All merchandise is shipped at buyer's risk. All claims for damage/shortage arising in transit must be filed with the carrier upon receipt of material. Title on all shipments passes to the consignee upon delivery to the carrier.

B) Terms and Conditions of Sale: Motorized Healthcare Products

PAYMENT and CREDIT:

Invoices are billed and payable in U.S. currency only. Payment terms are net 30 days receipt from the invoice date. Kirlin may offer discounted payment terms of 1% 10 days receipt, net 30 days receipt. No discount is allowed unless specified on the invoice. If offered, the cash discount is allowed on payments received on/before 10 days from invoice date. Credit card payments accepted (additional charges may apply). To arrange, contact 313.259.6400 x321.

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MINIMUM BILLING:

Incoming luminaire orders: \$500.00. Replacement parts: \$100.00.

FREIGHT:

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Freight and insurance are prepaid and billed to the customer by Kirlin.

All merchandise is shipped at buyer's risk. All claims for damage/shortage arising in transit must be filed with the carrier upon receipt of material. Title on all shipments passes to the consignee upon delivery to the carrier.

ACCEPTANCE BY CUSTOMER: Customer agrees to comply with Kirlin Terms and Conditions of Sale defined herewith. Customer hereby acknowledges receipt of a copy of this agreement at the time of its execution.

AUTHORIZED SIGNATURE

POSITION and COMPANY/ORGANIZATION

TYPE or PRINT NAME

DATE

SUBMIT APPLICATION