



BKY Lighting LLC
 3945 North Academy Blvd
 Suite J
 Colorado Springs, CO 80917
 719-453-0330
 office@bkylighting.com

ACCOUNT REQUEST			
APPLICANT INFORMATION			
Business Name:			
First Name:	Last Name:	Phone:	
Bill To Address:			
City:	State:	ZIP Code:	
Email:	Fax:		
Shipping Address:			
City:	State:	ZIP Code:	
*Attach a separate sheet if more than one.			
REFERENCES			
Bank Name:			
Bank address:			Account Age:
City:	State:		Zip:
Email:	Phone:	Fax:	
Trade Reference 1			
Business / Contact:			
Email:			Phone:
Trade Reference 2			
Business / Contact:			
Email:			Phone:

ACCOUNT REQUEST

Trade Reference 3

Business / Contact:

Email:

Phone:

BUSINESS INFORMATION

Owner / Principal:

Position:

Email:

Phone:

Owner / Principal:

Position:

Email:

Phone:

Type of Business:

_____ Corporate _____ Partnership _____ Sole Proprietorship Date Established: _____

Accounts Payable:

Contact:

Phone:

Email:

ADDITIONAL INFORMATION

Do you require a purchase order # on invoice? Yes _____ No _____

Do you pay from: Invoices _____ Monthly Statements _____

Tax Exempt: Yes _____ No _____

If yes, Tax#: _____

*Please attach a copy of your certificate

Authorized purchasers

Name:

Phone:

Email:

Name:

Phone:

Email:

Name:

Phone:

Email:

Our Credit Terms: Net 30 days from date of invoice. Past due accounts will be charged an interest rate of 2.5% per month until the balance is paid in full. If your account becomes delinquent you agree to pay all interest accrued, collection costs, court costs, and legal fees incurred to collect delinquent balances. If these terms do not meet with your payment procedure, please contact us before completing this request.

Signature of applicant

Date

Print name and position of applicant