



# APPLICATION FOR CREDIT

---

---

## ARCHWAY LIGHTING SUPPLY

2739 WASHINGTON AVE

ST. LOUIS, MO 63103

314-353-1314 (PHONE)

314-535-5471 (FAX)

## APPLICATION FOR CREDIT

1. COMPANY NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
2. SHIPPING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
3. TYPE OF BUSINESS  CORPORATION  PARTNERSHIP
4. DO YOU GET CHARGED SALES/USE TAX?  YES  NO  
IF NO, PLEASE SEND A 149 TAX FORM OR LETTER.
5. DO YOU REQUIRE A MONTHLY STATEMENT?  YES  NO
6. BANK NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_
7. TRADE REFERENCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
8. TRADE REFERENCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
9. TRADE REFERENCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Attention Stacy DeRienzo**