



The New-England Resource for Personal Service,
Rental and Sales of Quality Equipment.

Kaye Lites, Inc.

34 B Holton Street
Woburn, MA 01801

Phone: 781-932-0005 Fax: 781-932-0006

APPLICATION FOR CREDIT (must be filled out completely)

Date _____

Trade Name _____

Address _____ City _____ State _____ Zip _____

Accounts Payable Contact Person _____ Phone (_____) _____

Authorized Officer/Person _____ Phone (_____) _____

Are Purchase Orders Required? Yes No

Please Circle One Individual Partnership Corporation

Federal Tax or SS Number _____

PLEASE ATTACH SIGNED RESALE/EXEMPT CERTIFICATE TO DEDUCT SALES/USE TAX

Type of Business _____ Date Started _____

Bank Reference _____ Contact _____ Account # _____

Bank Address and Phone _____

Please list four ACTIVE credit references including COMPLETE address and phone number

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____



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Credit Card Type; Circle One MasterCard Visa AMEX

Card # _____ Expiration Date: _____

Name of Issuing Bank _____

Cardholder's Name _____

Authorized Signature to charge above credit card
account on uncollected balance after 30 days _____

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance to terms as outlined below. The above information as well as that given on the reverse side is for the purpose of obtaining credit and is warranted to be true.

I/We Hereby authorize the firm to whom
this application is made to investigate the
reference listed pertaining to my/our
credit and financial responsibility.

Firm Name _____

By _____

Title _____

Date _____

Any unpaid Balance after thirty (30) days
will be subject to 1.5% service charge per
month. Collection costs such as attorney
fees, storage, advertising, accounting
and all costs incurred through outside
collection services are to be paid by
debtor.

The information requested is for the purpose of establishing an account and/or credit terms with Kaye Lites, Inc. I/We authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Company Name _____

Signature _____

Print _____ Title _____

Date _____

ALL PARTNERSHIPS, SOLE PROPRIETORSHIP, AND CORPORATIONS IN BUSINESS FOR LESS THAN 3 YEARS MUST COMPLETE OWNER INFORMATION PAGE.



Lighting & Grip

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OWNER INFORMATION

Date _____

Owner's Full Name _____

Owner's Address _____ City _____ State _____ Zip _____

Owner's Social Security Number _____

Partner's Full Name (If Partnership) _____

Owner's Address _____ City _____ State _____ Zip _____

Partner's Social Security Number _____

I, _____ for and consideration of your extending credit at
my request to _____
NAME OF ORGANIZATION

(hereinafter referred to as "the Company"), hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____

Date _____

Witness _____

Date _____

Address _____

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