



Lumen ID, LLC
 535 Summit Avenue East #301
 Seattle WA 98102
 1-888-LUMENID
 1-888-586-3643 (fax)

CREDIT APPLICATION

FOR BUSINESS AND COMMERCIAL ACCOUNTS ONLY

COMPANY INFORMATION

LEGAL COMPANY NAME _____ DBA NAME (if applicable) _____

NAME OF OFFICER / PRIMARY CONTACT _____

TELEPHONE (of primary contact) _____

MAILING ADDRESS _____

FAX (of primary contact) _____

CITY _____ STATE _____ ZIP _____

EMAIL (of primary contact) _____

YEAR BUSINESS ESTABLISHED _____ CORPORATION PARTNERSHIP LLC SOLE PROPRIETOR

NUMBER OF EMPLOYEES _____ ESTIMATED ANNUAL SALES _____

TAX EXEMPT? YES NO IF YES, PLEASE ATTACH RESALE/EXEMPTION CERTIFICATE

PURCHASING CONTACT: same as primary contact

NAME OF PURCHASING CONTACT _____

TELEPHONE (of purchasing contact) _____

MAILING ADDRESS _____

FAX (of purchasing contact) _____

CITY _____ STATE _____ ZIP _____

EMAIL (of purchasing contact) _____

ACCOUNTS PAYABLE CONTACT: same as primary contact same as purchasing contact

NAME OF ACCOUNTS PAYABLE CONTACT _____

TELEPHONE (of accounts payable contact) _____

MAILING ADDRESS _____

FAX (of accounts payable contact) _____

CITY _____ STATE _____ ZIP _____

EMAIL (of accounts payable contact) _____

BANK REFERENCES

BANK NAME _____ ACCOUNT MANAGER'S NAME _____

TELEPHONE _____

ADDRESS _____

ACCOUNT NUMBER _____

CITY _____ STATE _____ ZIP _____

SAVINGS CHECKING

BANK NAME _____ ACCOUNT MANAGER'S NAME _____

TELEPHONE _____

ADDRESS _____

ACCOUNT NUMBER _____

CITY _____ STATE _____ ZIP _____

SAVINGS CHECKING

VENDOR REFERENCES

_____ COMPANY NAME		_____ CONTACT NAME	_____ TELEPHONE
_____ ADDRESS			_____ FAX
_____ CITY	_____ STATE	_____ ZIP	

_____ COMPANY NAME		_____ CONTACT NAME	_____ TELEPHONE
_____ ADDRESS			_____ FAX
_____ CITY	_____ STATE	_____ ZIP	

_____ COMPANY NAME		_____ CONTACT NAME	_____ TELEPHONE
_____ ADDRESS			_____ FAX
_____ CITY	_____ STATE	_____ ZIP	

ANTICIPATED CREDIT PER MONTH: _____ (note: we disclaim any liability for exceeding credit lines, as they are only set as a guide)

HAVE YOU OR YOUR PRINCIPALS EVER FILED FOR BANKRUPTCY? YES NO

TERMS AND CONDITIONS

Parties hereby agree that all purchases are subject to the following terms and conditions as well as any terms and conditions stated on the invoices:

1. All sales will be C.O.D. until credit application is completed, reviewed, and approved.
2. The purchaser agrees that terms of sale are net 30. We invoice promptly.
3. The undersigned purchaser hereby agrees that all invoices containing discounts are payable net 10 following the invoice date. If any amounts due are not paid within said period, purchaser agrees to forego stated invoice discounts (if any).
4. All invoices will be paid by the due date or a monthly delinquency charge, of 1.5% per month or the maximum rate permitted by applicable law of your state, will be assessed.
5. Merchandise will not be released to accounts whose balances become forty-five days past due, unless special arrangements are made in advance.
6. The undersigned purchaser agrees to pay, in the event the account becomes delinquent and is turned over to any attorney for collection, all attorney's fees plus all court and attendant collection costs. Venue will be at the sole discretion of Lumen ID, LLC.
7. If this account is placed in the hands of a collection agency, the purchaser agrees to pay Lumen ID, LLC the collection fee, not exceeding 50% of the amount unpaid thereon, and also an attorney fee. In case of suit, the venue of said suit may be laid in the county of residence of the holder.
8. The undersigned purchaser is obligated to pay for all goods purchased regardless of whether the purchaser receives payments due him for installation/ purchase of the goods.
9. If a dispute arises on the account, only that portion in question may be withheld from payment. The balance owing must be paid per the agreed upon terms.
10. Lumen ID, LLC may apply payments in its sole discretion unless purchaser instructs seller in writing how funds are to be applied.
11. This credit application shall be governed by the laws of Washington or the county of residence or business of the purchaser, or at the sole discretion of Lumen ID, LLC.
12. This credit application may not be modified without written approval by officers of Lumen ID, LLC.

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Lumen ID, LLC to make any and all inquiries necessary to process this credit application.

_____ SIGNED	_____ TITLE
-----------------	----------------

_____ PRINTED NAME	_____ DATE	_____ PLACE (City, State)
-----------------------	---------------	------------------------------