



3732 Mt. Diablo Blvd., Ste. 156
 Lafayette, CA 94549
 Tele: 925-299-9520/Fax 925-299-9521

CUSTOMER/CREDIT APPLICATION

Customer needs to fill out and return via fax to (925)-299-9521 or email to accountsreceivable@lightriver.com

APPLICANT/ORGANIZATION NAME: _____

CONTACT PERSON: _____ ACCOUNTING CONTACT: _____

CONTACT PHONE: _____ PHONE: _____

CONTACT EMAIL: _____ FAX: _____

WEB SITE ADDRESS: _____ EMAIL: _____

BILLING ADDRESS: _____ STANDARD SHIP TO ADDRESS: _____

 CITY: _____ CITY: _____

STATE/PROVINCE: _____ STATE/PROVINCE: _____

ZIP: _____ ZIP: _____

TYPE OF COMPANY (X): INDIVIDUAL PARTNERSHIP CORPORATION

FED TAX ID: _____ State Company Organized: _____

DATE FOUNDED: _____ YEARS AT PRESENT LOCATION: _____

of employees: _____ Duns# _____ Tax Exempt _____

If Tax Exempt please include a copy of the tax exempt certificate

ESTIMATED GROSS ANNUAL REVENUE: _____

CREDIT APPROVAL \$ TARGET AMOUNT: _____

BANK REFERENCE(S):

<p>1. Bank Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>	<p>2. Bank Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>
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TRADE REFERENCES:

<p>1. Company Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>	<p>3. Company Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>
<p>2. Company Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>	<p>4. Company Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>ACCOUNT #: _____</p> <p>Contact: _____</p>



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Billing Instructions:

Email Invoices to Accounts Payable: Yes No

If yes, please provide email address: _____

If no, invoices will be sent to the billing address listed on first page.

Shipping Instructions:

Please indicate below your shipping preference and any other special instructions (e.g. Account number, locations, etc.):

Write Here



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CREDIT CHECK STATEMENT: I _____ AM A REPRESENTATIVE OF THE COMPANY AND WILL ALLOW LIGHTRIVER TECHNOLOGIES, INC. TO CONDUCT A CREDIT CHECK

CUSTOMER SIGNATURE: _____ DATE: _____

PRINTED CUSTOMER NAME _____

LIGHTRIVER TECHNOLOGIES, INC OFFICE USE ONLY

ACCOUNT MANAGER CONTACT _____

CREDIT LIMIT REQUESTED IN US DOLLARS (ACCOUNT MANAGER TO FILL OUT) _____

LIGHTRIVER APPROVAL _____ DATE: _____



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CREDIT INFORMATION RELEASE AUTHORIZATION

TO: BANK AND TRADE CREDIT REFERENCES

FROM: _____

We have applied to LightRiver Technologies, Inc. to extend our company credit terms. We have provided your name to LightRiver Technologies, Inc. as a reference.

PLEASE RELEASE REQUESTED CREDIT INFORMATION TO LightRiver Technologies, Inc.

Thank-you,

Signature: _____

Printed Name: _____

Position: _____

Date: _____