



2150 John Glenn Drive Suite 200  
 Concord, CA 94520  
 Tele: 925-363-9000/Fax 925-363-9001

**CUSTOMER/CREDIT APPLICATION**

Customer needs to fill out and return via fax to (925) 363-9001 or email to [accountsreceivable@lightriver.com](mailto: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):**

1. Bank Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____ ACCOUNT #: _____ Contact: _____	2. Bank Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ FAX: _____ ACCOUNT #: _____ Contact: _____
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**TRADE REFERENCES:**

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



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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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**CUSTOMER/CREDIT APPLICATION**

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 \_\_\_\_\_

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**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: \_\_\_\_\_