



JAYKAL LED SOLUTIONS, INC.

26832 Lewes Georgetown Hwy, Bldg. 2E
Harbeson, DE 19951

(P) 302.295.0015

(F) 302.295.0016

Maureen.duffy@jaykal.net

DISTRIBUTOR CREDIT APPLICATION

***Please submit a copy of your Business License & State Sales Tax Certificate (Re-sale Certificate)**

APPLICANT COMPANY INFORMATION:						
Company Name:				DBA/Trade Name:		
Business Phone:				Fax:		
E-mail:				Website:		
Address:						
City:			State:		ZIP:	
Entity Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
Business Type:	<input type="checkbox"/> Retail Store <input type="checkbox"/> Internet Retailer <input type="checkbox"/> Wholesale Distributor <input type="checkbox"/> Installer <input type="checkbox"/> Contractor <input type="checkbox"/> ESCO					
Please provide a brief description of your business:						
Do you have other branches/offices?						

	Authorized Buyer 1:	Authorized Buyer 2:
Name:		
Title:		
E-mail:		
Phone:		
Fax:		
Payment Methods:	<input type="checkbox"/> Money Wire (further instructions will be given) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

SHIPPING INFORMATION:						
Address:						
City:			State:		ZIP:	
Attn:			Email:			
Phone:			Fax:			

BILLING INFORMATION: Accounts Receivable				
All invoices will be emailed to Accounts Receivable unless noted otherwise below.				
Name:			Email:	
Phone:			Fax:	
Alternate Billing:				

CREDIT CARD INFORMATION: (3.5% Credit Card Processing Fee applied to total cost)						
Name on Card:				Card Type:		
Card Number:						
Expiration Date:			Security Code:			
CC Billing Address:						
City:			State:		ZIP:	

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www.jaykal.net



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BUSINESS CREDIT INQUIRY REQUEST FORM

VENDOR:					
Name	Jaykal LED Solution, INC.				
Address:	26832 Lewes Georgetown Hwy, Bldg. 2E				
City:	Harbeson	State:	DE	ZIP:	19951
Attn:	Maureen.duffy@jaykal.net	Email:	Maureen.duffy@jaykal.net		
Phone:	302.295.0015	Fax:	302.295.0016		
Reason for Inquiry:	<input type="checkbox"/> Establish new credit in the amount of \$ _____		<input type="checkbox"/> Update existing credit in the amount of \$ _____		

CLIENT:					
Name					
Address:					
City:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Tax ID Number:					

CLIENT BANKING INFORMATION:					
Bank Name:					
Address:					
City:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Checking Account:		Savings Account:			

STANDARD BUSINESS CREDIT INQUIRY REQUEST:

Please provide the necessary information required for consideration of credit terms. This information should include, but not limited to, account information, opening dates, average balances, etc. Please include all information regarding checks returned due to insufficient funds.

D&B Number (if applicable) _____.

ADDITIONAL COMMENTS:

I, _____ (Client Name) as an authorized representative of _____ (Business Name),	
Consent to the release of the above requested financial statements.	
Print Name:	Signature:
Title:	Date:

Thank you for your assistance. Please return form to ryon.helminiak@jaykal.net or fax to 302.295.0016.

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BUSINESS TRADE REFERENCES

VENDOR:					
Name	Jaykal LED Solution, INC.				
Address:	26832 Lewes Georgetown Hwy, Bldg. 2E				
City:	Harbeson	State:	DE	ZIP:	19951
Attn:	Maureen.duffy@jaykal.net	Email:	Maureen.duffy@jaykal.net		
Phone:	302.295.0015	Fax:	302.295.0016		
Reason for Inquiry:	<input type="checkbox"/> Establish new credit in the amount of \$ _____		<input type="checkbox"/> Update existing credit in the amount of \$ _____		

CLIENT:					
Name					
Address:					
City:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Tax ID Number:					

TRADE REFERENCE:					
Company Name:					
Address:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Relationship:					

TRADE REFERENCE:					
Company Name:					
Address:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Relationship:					

TRADE REFERENCE:					
Company Name:					
Address:		State:		ZIP:	
Attn:		Email:			
Phone:		Fax:			
Relationship:					