

THE LIGHT SOURCE^{INC}

Dealer Application

The following form should be completely filled out, and then signed by an officer or owner of the company. Please return a copy of this dealer application to The Light Source.

Company Information:

| | |
|---|------------------------|
| Company Name | Years in business |
| Web Address | Annual Sales (in \$\$) |
| Estimated Annual Purchase of Products from The Light Source (in \$\$) | Number of Employees |

Contacts: Please mark a primary contact.

| | | |
|-------------|------------|----------------------------|
| First Name: | Last Name: | Position: Owner |
| Phone: | Fax: | E-Mail: |
| First Name: | Last Name: | Position: Accounts Payable |
| Phone: | Fax: | E-Mail: |
| First Name: | Last Name: | Position: Sales Manager |
| Phone: | Fax: | E-Mail: |
| First Name: | Last Name: | Position: Purchasing Agent |
| Phone: | Fax: | E-Mail: |
| First Name: | Last Name: | Position: |
| Phone: | Fax: | E-Mail: |

Bill to Address:

| | | |
|----------|--------|------|
| Address: | | |
| | | |
| City: | State: | Zip: |

Ship to Address:

| | | |
|----------|--------|------|
| Address: | | |
| | | |
| City: | State: | Zip: |

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Send Invoices by:

_____ by E-Mail to address _____
_____ by Fax to _____
_____ By US Mail to bill to address above

Bank References:

| | | |
|------------|----------|----------------|
| Bank Name: | Contact: | Phone and FAX: |
| Bank Name: | Contact: | Phone and FAX: |

Trade References:

| | | |
|----------|----------|----------------|
| Company: | Contact: | Phone and FAX: |
| Company: | Contact: | Phone and FAX: |
| Company: | Contact: | Phone and FAX: |
| Company: | Contact: | Phone and FAX: |

NOTE: Please provide a valid copy of a retail license along with this application.

Authorization:

As an officer/owner of this company I authorize The Light Source to contact the provided references, and for those references to release our credit information to The Light Source.

By signing this I affirm that all of the information provided is correct. I also understand that once credit is approved, all payments will be made according to terms, and that if payments are habitually over 45 days or **EVER** over 60 days, that my account will be changed to C.O.D. basis without further notice. No shipments will be made to customers with balances over 45 days.

Authorized By

Date

Print Name

Company Name

Title