



Please Fax back to us at (724) 537-9313 along with your sales tax exemption or resale certificate as soon as possible. We must have credit approval or payment arrangements (Credit Card, prepaid by Check or COD) made before your order can be shipped. Thank you.

Date: _____ Sales Representative: _____
Company Name: _____
Billing Address: _____ Shipping Address: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____ Website: _____
Contact Person / Title: _____ Credit Limit Requested: _____
Type of Business: _____ Years in Business: _____

Trade References:

1. Name: _____ Fax Number credit department: _____
Address: _____ Phone: _____
2. Name: _____ Fax Number credit department: _____
Address: _____ Phone: _____
3. Name: _____ Fax Number credit department: _____
Address: _____ Phone: _____
4. Name: _____ Fax Number credit department: _____
Address: _____ Phone: _____

Bank References:

1. _____
2. _____

Credit Card Authorization:

I authorize Special Lite Products Co. Inc. to charge the credit card listed below. (Visa, Mastercard or American Express only)

[] For all Purchase Orders / Invoices [] For this P.O. # _____ only

Credit Card Number _____

Expiration Date: ____ / ____

Security Code _____ (VISA, MASTERCARD - 3 digit code on the back of the card): (AMERICAN EXPRESS - 4 digit code on the front of the card):

Name on card: _____

Mailing Address: _____

Date _____ Signature of Card Holder _____