

CREDIT APPLICATION

All charges are due and payable in Dallas (Dallas County) Texas in U.S. Dollars and are due 30 days from date of invoice unless otherwise specified on our invoice.

Please complete and return to:
HighLite, Inc.

4320 Action Drive, Mesquite, Texas 75150
(214) 741 4116 Main (214) 741-4580 Fax
800-830-5627 Toll Free

COMPANY NAME _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

SHIPPING ADDRESS Check here if Residence _____

CITY, STATE, ZIP _____

TELEPHONE _____ FAX # _____

Type of Business _____ Years in Business: _____ Credit Line Requested: \$ _____

CIRCLE ONE: PROPRIETORSHIP - PARTNERSHIP - CORPORATION

Read Carefully: I (We) agree to keep within your published terms of sale. I (We) also understand that should this account become delinquent and it be necessary to employ an attorney or collection agency to collect or commence suit to enforce payment, I (We) agree to pay all attorney or collection agency fees plus the cost of any suit. I (We) further agree to pay all monies due in lawful money of the U.S. Further, I (We) understand and agree that any amounts owed under this agreement are not transferable and in the event of change of ownership of the applicant, I (We) will notify HighLite, Inc. in writing thirty (30) days prior to any change of ownership, change of location, or cessation of business activity. I (We) further agree that I (We) will be personally responsible for any money not paid by applicant.
(All principals MUST sign below.)

PRINCIPAL NAME: _____ Signature: _____

HOME ADDRESS: _____ Home Telephone: _____

PRINCIPAL NAME: _____ Signature: _____

HOME ADDRESS: _____ Home Telephone _____

PRINCIPAL NAME: _____ Signature: _____

HOME ADDRESS: _____ Home Telephone: _____

COMMERCIAL TRADE REFERENCES: *Show NO "Credit Card" or "Retail Household" References.

Name _____ Acct. # _____

Address _____

City, State, Zip _____

Telephone _____ Fax # _____

Name _____ Acct. # _____

Address _____

City, State, Zip _____

Telephone _____ Fax # _____

Name _____ Acct. # _____

Address _____

City, State, Zip _____

Telephone _____ Fax # _____