



Rentals • Sales • Design • Service

702.263.3858  
702.263.3863 Fax  
877.789.8167 Toll Free

3325 W. Sunset Road, Suite F  
Las Vegas, NV 89118

www.4wall.com  
www.usedlighting.com

# ACCOUNT APPLICATION (1 OF 3)

## BASIC INFORMATION:

Business Name: \_\_\_\_\_

Trade Name Or DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Exempt# \_\_\_\_\_

Description Of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Anticipated Monthly Volume: \_\_\_\_\_

Amount Of Credit Requested: \_\_\_\_\_

Do You Purchase Orders:                      Yes                      No

Name Of Person Responsible For Account Payable: \_\_\_\_\_



Rentals • Sales • Design • Service

702.263.3858  
702.263.3863 Fax  
877.789.8167 Toll Free

3325 W. Sunset Road, Suite F  
Las Vegas, NV 89118

www.4wall.com  
www.usedlighting.com

# ACCOUNT APPLICATION (2 OF 3)

Has applicant or any principal ever filed a voluntary petition in bankruptcy?: \_\_\_\_\_

Has a tax lean been filed against applicant or any principal within the last six months?: \_\_\_\_\_

## INFORMATION ON OFFICER(S)/OWNER(S):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature Of Authorized Officer: \_\_\_\_\_

## PROPERTY INFORMATION:

Owned: \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
Mortgage Amount: \$ \_\_\_\_\_ Rented: Yes No Lease Expires: \_\_\_\_\_  
Landlord: \_\_\_\_\_

## BANK INFORMATION:

Bank Name: \_\_\_\_\_ Account Officer: \_\_\_\_\_  
Checking Account#: \_\_\_\_\_ Savings Account#: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Rentals • Sales • Design • Service

702.263.3858  
702.263.3863 Fax  
877.789.8167 Toll Free

3325 W. Sunset Road, Suite F  
Las Vegas, NV 89118

www.4wall.com  
www.usedlighting.com

# ACCOUNT APPLICATION (3 OF 3)

## TRADE REFERENCES:

### Reference 1:

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Reference 2:

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Reference 3:

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Amount Owing: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CONDITION OF SALE:

In consideration of 4Wall enterprises extended credit to the applicant, the applicant agrees to pay for all items delivered to, or at request of the applicant in accordance with the terms of the invoice. Any invoice unpaid on the last day of the month in which it is due will be subject to a 1.5% Monthly service charge and an additional 1.5% Service charge (annual percentage rate 18%) will be due every thirty(30) days thereafter. A waiver of any one or more service charge(s) shall not deemed to be a waiver of any further service charge(s). Applicant further agrees that with regard to such service charges, the applicant and 4Wall enterprises are parties to written contract. Should it become necessary to place the account with a collections agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to the other sums due. No returns without prior authorization. A 20% restocking fee may be accessed on returned merchandise.

Applicant in signing the application also authorizes the above listed bank and trade references be reposed to credit inquiries regarding the applicants account.

Understood and Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_