



2022 New Account Application  
P: 844-533-6636 | Fax: 510-217-9461  
Email: info-service@ledonecorp.com

Sales Rep: \_\_\_\_\_

**Basic Information (Required)**

Legal Name: \_\_\_\_\_

Doing Business As, if different: \_\_\_\_\_

Business Structure:    Corporation                  Partnership                  Sole Proprietorship                  LLC                  Other

Federal Tax Number: \_\_\_\_\_ Resale Certificate Number (a copy is required): \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Date/Year Established: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Business Website: \_\_\_\_\_

Is there a parent company?    Yes    No                  Is there any branch office?    Yes    No

Nature of Business: \_\_\_\_\_

                 Distributor                  Contractor                  Wholesale                  Retail                  Not In Lighting Industry

**Contact Information (Required)**

**Main Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Invoice Email to: \_\_\_\_\_

**Accounts Payable Contact Information (if different):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**How Did You Hear About Us**

Search Engine                                  Other (Please specify)

Trade Show                                  \_\_\_\_\_

Marketing Emails

Sales Rep Reaching Out Calls or Emails

**Terms and Policy**

- ✧ All payments must be received in advance by credit card, wire or check prior to shipping.
- ✧ Credit card payments may be subject to an additional non-refundable processing fees.
- ✧ Any returned check will be subject to an additional \$40.
- ✧ After one returned check, customer is required to pay via credit card, wire or cashier's check for future orders.
- ✧ All promotional sales are final. No return for credit available.
- ✧ The goods delivered remain the property of LED ONE until they are paid for.
- ✧ Terms and conditions may be changed with or without notice.
- ✧ For detailed warranty policies, please check our website www.ledonecorp.com.

Internal Use: Price Level Offered \_\_\_\_\_ Website access email (optional): \_\_\_\_\_

The undersigned Officer, Principal or Authorized Representative certifies that the information stated above and other substitute documents provided are true and correct. Should you have any questions please do not hesitate to contact your sales representative or LED ONE CORPORATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date