



2301 Fairfield Ave, Suite 107, Fort Wayne, IN 46807
 Phone: (260) 918-2758 Email: sales@lakelite.com

BILLING INFORMATION	
Company:	
Street 1	
Street 2	
City:	
State:	Zip
Contact:	
Phone:	
Fax:	
Email:	
Website	

CREDIT & TAX INFORMATION	
(Tax ID or SS#):	State:
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
Name on Card:	
Card Number:	
Exp:	CVC Last 3 #s on back:
Billing Address For Issued Above Credit Card:	
<input type="checkbox"/> Check only if same as above billing address	
Street 1	
Street 2	
City:	State: Zip:
State:	Zip:

SIGNATURE
I verify the information provided on this form is valid and current.
Name:
Date: / /
Signature:
Fax Application Back To: 260-918-3540

SHIPPING INFORMATION
<input type="checkbox"/> Check if same as billing Address
Contact:
Company:
Street 1
Street 2
City
State: Zip

TERMS
• Pre-Pay only, unless otherwise agreed upon .
• All invoices & bills are issued in US dollars.
• Invoices & bills are sent electronically or via mail.
• Payments for Invoices are to be paid by Check or Money order only.
• Payment must be equivalent to the US dollar invoice or bill value.
• All accounts must have a valid credit card on file.
• All accounts must have EIN or SS # on file
• Credit cards will be charged for past due accounts (Service fee may apply)
• Accounts over 45 Days will be turned over to a collection agency. Fees will apply.
I understand that interest will be charged on past due balances, at a rate not to exceed the applicable state legal maximum or 1-1/2% per month, whichever is less. If I fail to pay all amounts when due, I understand I will be liable for all costs of collection, including without limitation, attorney's fees. By submitting this account application, I am requesting to do business with Lake Lite Inc. Payment Terms: Net 30 days.

Lake Lite Inc.
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