



NEW ACCOUNT FORM

Complete this quick form to set up your Bay Lighting account and begin benefiting from business account payment terms, personalized service and support, and easily accessible account history.

CREDIT FORM

Customer Name: _____

Billing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Credit Limit Request: _____

Monthly Statement Required: YES NO

Tax Status: EXEMPT NON-EXEMPT If exempt, Tax ID #: _____

Invoice Delivery Method: Fax Email US Mail Email/Fax: _____

Back Orders Accepted: YES NO

Printed Price on Packing Slips: YES NO

PO Numbers Required: YES NO

SHIPPING INFORMATION

Customer Name: _____

Location Contact: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____

Please email new account forms to info@baylighting.net.