



## American-De Rosa Lamparts, LLC

Wholesale Distributor of Lamp and Lighting Fixture Parts

1945 S. Tubeway Ave, Commerce, CA 90040-1611 • Tel: 323-728-6300 · 800-777-4440 • Fax: 323-728-0300 · 800-866-7672 • Web: [www.lamparts.com](http://www.lamparts.com)

Dear Valued Customer,

We would like to take this opportunity to thank you for selecting us to be your supplier. The completion of the credit application and the preference of payment terms are greatly appreciated.

Credit Card Terms (Visa, Master Card, Discover or American Express):

- \* No bank or trade references required
- \* Complete and submit the following:

New Account Application - Business, Shipping, Principal, and Credit information.

Agreement for use of Credit/Debit/Check Cards - Must be signed.

Resale Permit Form - Complete number must be provided to be tax exempt. Form must be signed.

If no resale number is provided we require proof of manufacturing, distribution or retail related business: (Example: Letter Head, Business Card, and/or a copy of your Business License).

Net 30 Terms:

- \* All pages must be fully completed. Bank information and four established trade references required. (Must be open line references)

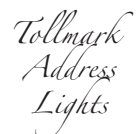
Agreement for use of Credit/Debit/Check Cards - Must be signed.

Please mail/fax or email to us at your convenience.  
The completed forms can be returned to:

American-De Rosa Lamparts, LLC  
1945 South Tubeway Avenue  
Commerce, CA 90040  
Emailed to: [customerinfo@lamparts.com](mailto:customerinfo@lamparts.com)  
Faxed to: (800) 866-7672

Again, we would like to extend our appreciation and look forward to doing business with your company.

Sincerely,  
American De-Rosa Lamparts, LLC





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## NEW ACCOUNT APPLICATION

DATE: \_\_\_\_\_

BUSINESS INFORMATION		SHIPPING INFORMATION	
TRADE NAME:		Please fill this out if shipping address is different from billing address. <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL	
LEGAL NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:		STATE:	
ZIP CODE:		ZIP CODE:	
CONTACT:	EMAIL:	PHONE #:	
WEBSITE:		FAX #:	
(Mandatory) TYPE OF BUSINESS:		Please select one (✓) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	
EXPECTED PURCHASES (MONTHLY):		FEDERAL I.D. NUMBER #	DATE INCORPORATED: ___ / ___ / ___
BUSINESS FACILITIES <input type="checkbox"/> OWN <input type="checkbox"/> LEASE                      YEARS IN OPERATION _____		RESALE <input type="checkbox"/> YES <input type="checkbox"/> NO, If YES, Resale Card must be attached/provided	
TYPES OF PRODUCT TO BE PURCHASED:			

### PRINCIPAL INFORMATION (MANDATORY)

PRESIDENT/PARTNER/OWNER NAME	HOME ADDRESS	HOME TELEPHONE
VICE PRESIDENT/PARTNER/CO-OWNER	HOME ADDRESS	HOME TELEPHONE
SECRETARY-TREASURER/PARTNER/CO-OWNER	HOME ADDRESS	HOME TELEPHONE

### BANKING INFORMATION

BANK NAME	ADDRESS	CITY, STATE, ZIP
CONTACT	TELEPHONE/FAX	ACCOUNT #

### TRADE REFERENCE

NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #
NAME	ADDRESS	TELEPHONE #	FAX #

### CREDIT CARD INFORMATION

Please select one (✓) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> DEBIT CARD	ACCOUNT NUMBER	EXP. DATE ___ / ___ / ___
CARD HOLDER'S NAME (AS IT APPEARS ON THE CARD)	SHOULD WE KEEP THE CREDIT CARD # ON FILE FOR ANY FURTHER PURCHASES? <input type="checkbox"/> YES <input type="checkbox"/> NO                      If YES, please initial the dotted lines _____	

Please select all that apply (✓)

BACK ORDER CONFIRMATION                       CANCEL ALL BACKORDERS

Note: All information is required. Incomplete information will cause delays in establishing credit. Order cannot be processed until all requested information has been received, confirmed and approved. Disclosure: American-De Rosa Lamparts has the right to refuse service(s) to any one. Determination of payment term and credit limit will be justly based on applicant's financial stability and credit history. Processing time of application may vary depending on how expedient your references respond to our request.

### INTERNAL USE ONLY (Do not fill out)

<input type="checkbox"/> NET 30 <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRO-FORMA	TYPE (e.g. LS - lighting showroom)
SALESMAN CODE:	COMMISSION:

AGREEMENT FOR EXTENSION OF CREDIT

The information contained on this credit application is submitted by the undersigned for the purpose of obtaining credit. The undersigned expressly agrees to make payment in full to American-De Rosa Lamparts, LLC ("ADL") and it's Subsidiaries for all purchases in accordance with ADL's and it's Subsidiaries invoice(s). Should the undersigned default in any such payment, the undersigned expressly agreed to pay a finance charge and late charge incurred on any amounts in default at the rate of 1.5% per month, but not to exceed the maximum rate permitted by law. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by ADL's and it's Subsidiaries authorized representative. The undersigned shall not transfer or assign its rights or obligations pursuant to this agreement without the prior written consent of American-De Rosa Lamparts, LLC and it's Subsidiaries.

The undersigned additionally agrees to all terms and conditions found in ADL's and it's Subsidiaries General Information and Policy Statement. The undersigned further agrees that all credit transactions shall be considered to have been made in the State of California and shall be interpreted in accordance with the laws and regulations of the State of California. The undersigned agrees that in the event of any suit, action, or proceeding arising out of ADL's and it's Subsidiaries extension of credit to the undersigned, venue shall be in Los Angeles County, California.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

GUARANTY

In consideration for the extension of credit by American-De Rosa Lamparts, LLC and it's Subsidiaries ("Creditor") to \_\_\_\_\_ ("Debtor"), the undersigned hereby unconditionally guarantees payment of all amount s Debtor shall at any time owe to Creditor on account of goods sold and delivered to Debtor, whether such indebtedness is in the form of notes, invoices, bills, open account, or otherwise. This guaranty shall continue notwithstanding any change in the form of such indebtedness or renewals or extensions granted by Creditor, without the necessity of obtaining any consent of the undersigned thereto, until expressly revoked by written notice from the undersigned. Any such revocation shall be effective when received by Creditor, and shall not in any manner affect the liability of the undersigned as to indebtedness contracted by Debtor prior thereto. This guaranty extends to and includes any and all interest due or to become due, together with all attorney's fees, costs and expenses incurred by Creditor in connection with any matter covered by this guaranty.

The undersigned hereby waives notice of acceptance of this guaranty by Creditor and notice of default of nonpayment. No delay by Creditor in exercising any right hereunder, or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against Debtor or any other person otherwise liable, shall operate as a waiver of any such right or in any manner prejudice the rights of Creditor against the undersigned. The undersigned hereby agrees that in the event of any default by Debtor, Creditor shall be entitled to proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Creditor in the enforcement of this guaranty. In the case of multiple guarantors hereunder, all liability of each such guarantor shall be joint and several.

The undersigned further agrees that this guaranty shall be considered to have been made in the State of California and shall be interpreted in accordance with the laws and regulations of the State of California. The undersigned agrees that, in the event of any suit, action, or proceeding arising out of this guaranty, venue shall be in Los Angeles County, California.

NOTICE: BY EXECUTING THIS GUARANTY, YOU BECOME LIABLE FOR THE OBLIGATIONS OF THE DEBTOR NAMED BELOW:

\_\_\_\_\_  
PERSONAL GUARANTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



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### AGREEMENT FOR USE OF CREDIT/DEBIT/CHECK CARDS

When using a Visa or MasterCard Debit or Check Card, please note the following:

- At the time of purchase, an authorization will be obtained from the issuer in the amount that is the estimated total charge. These funds will no longer be available for your use. Our computer system will automatically obtain authorization until the final charge is complete.
- A charge of the total amount due will be sent to your bank. Your bank will then release the original authorization when the final charge is received, however, depending on your bank there may be a significant delay between the time that the charges are received and the card issuer releases the authorization.
- We cannot request the bank to release the authorized funds on your behalf as this is out of our control.
- We will NOT be responsible for any overdraft charges caused by the use of the debit/check card, regardless of cause.

NOTICE: BY EXECUTING THIS AGREEMENT, YOU BECOME LIABLE FOR THE OBLIGATIONS OF THE DEBTOR NAMED BELOW:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



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### BANK RELEASE

AMERICAN-DE ROSA LAMPARTS, LLC AND IT'S SUBSIDIARIES  
1945 TUBEWAY AVENUE • COMMERCE, CA 90040

TELEPHONE: 1.800.777.4440      FAX: 1.800.866.7672  
323.728.6300                      323.728.0300

Please accept this as our authorization to release credit information regarding our business accounts to American-De Rosa Lamparts, LLC and it's Subsidiaries.

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

NOTE: Your authorization to release bank information to ADL is required by the bank.  
Please fill out and return with credit application. Incomplete information will cause a delay in establishing credit.

# RESALE PERMIT

**FIRM NAME**

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**I HEREBY CERTIFY**

That I hold valid sellers permit Number:

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issued pursuant to the Sales and Use Tax; that I am engaged in the business of selling:

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that the tangible personal property described herein which I shall purchase from:

American-De Rosa Lamparts, LLC and it's Subsidiaries

will be resold by me in the form of tangible person property; PROVIDED, however, that in the event any of such property is used for any purpose other then retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

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Date: \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_

at: \_\_\_\_\_

By & Title: \_\_\_\_\_

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

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

\_\_\_\_\_

Note: Taxes will be charged on all orders until a valid resale card has been completely filled out, signed, returned and verified



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Dear Sir or Madam:

Thank you for requesting our catalog(s). All requests are subject to approval and verification of supplied information. As a wholesale distributor, we require the following prior to processing your request:

1. Completed and approved "New Account Set-Up Form".
2. Proof of manufacturing, distribution or retail related business:  
(Example: Letter Head, Business Card, and/or a copy of your Business License).
3. \$20.00 Deposit, which will be deducted from the first order.
4. Signed Resale Card (California Business Only).

PLEASE BE ADVISED OF ITEMS STATED IN OUR GENERAL POLICY:

- Shipped on open account or paid in advance with VISA, MASTER CARD, DISCOVER or AMERICAN EXPRESS.
- C.O.D. orders will not be accepted.

Your catalog(s) will be sent promptly upon approval.  
Please select the catalog(s) related to your business.

- |                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> ZC00 ADL BINDER                                | <input type="checkbox"/> ZC23 FINIAL CATALOG |
| <input type="checkbox"/> ZC28 LIGHTING FIXTURE CATALOG                  |                                              |
| <input type="checkbox"/> ZC10 ELECTRICAL & HARDWARE PRICE LIST          |                                              |
| <input type="checkbox"/> ZC18 LIGHTING FIXTURE & CEILING FAN PRICE LIST |                                              |
| <input type="checkbox"/> ZC20 ELECTRICAL & HARDWARE CATALOG             |                                              |
| <input type="checkbox"/> ZC21 GLASS & ACCESSORIES CATALOG               |                                              |
| <input type="checkbox"/> ZC22 PERMALITE LIGHT BULB CATALOG              |                                              |

Thank you,  
New Accounts Department