



CREDIT APPLICATION

COMPANY INFORMATION

Legal Name: _____ Organization Type: (please check one)
 Operating As: _____ Corporation
 Subsidiary/Division of: _____ Partnership
 Principals & Position: _____ Proprietorship
 Nature of Business: _____ Date Established: _____
 Duns #: _____ Resale Certificate #: _____
(Required for tax-free status & include a copy)

Billing Address: _____

Telephone Number: _____ Fax Number: _____
 A/P Contact: _____ Purchasing Contact: _____

Shipping Address: _____

CREDIT LIMIT

Credit Limit Requested: _____ Federal Tax ID#: _____

BANK REFERENCE

Acct. #: _____ Acct. Manager: _____
 Bank Name: _____
 Street Address: _____

Telephone Number: _____ Fax Number: _____

TRADE REFERENCES

Company & Contact: _____
 Address: _____

Telephone Number: _____ Fax Number: _____

Company & Contact: _____
 Address: _____

Telephone Number: _____ Fax Number: _____

Company & Contact: _____
 Address: _____

Telephone Number: _____ Fax Number: _____

To apply for an account, the undersigned applicant certifies that the information given above is true, correct, and complete, and that the applicant has read, understood and agrees to be bound by the Color Kinetics Standard Terms and Conditions, including without limitation its payment terms. The Standard Terms and Conditions are located at <http://www.colorkinetics.com/ls/howtobuy/terms/> and are hereby incorporated by reference herein. The applicant agrees to pay late charges, legal and/or collection agency fees incurred in collecting any outstanding debt. The applicant authorizes the bank and trade references listed in this credit application to release information necessary to Color Kinetics Incorporated and/or its authorized distributor, Color Kinetics Distribution Inc., and authorizes each of them to share such information with the other, solely in connection with establishing a line of credit.

Signature: _____ Title: _____
 Name: (Print) _____ Date: _____