

*** CREDIT APPLICATION ***

EXACT NAME OF COMPANY: _			
FULL STREET ADDRESS:			
			ZIP:
			<u> </u>
REQUESTED CREDIT: \$			
PLEASE CHECK WHERE APPLIC		_	
		AF INCODDODATION	VEADS IN DUSINESS
CORPORATION		F INCORPORATION	YEARS IN BUSINESS
PROPRIETORSHIP	If this is a Subsidiary, Division, or Branch of any other Company, please of and furnish complete name and address of Parent or Headquarters on ba		
PARTNERSHIP		n complete name and address	of Parent or Headquarters on back of Application.
LIMITED LIABILITY COM	PANY		
DUN & BRADSHEET	☐ YES	□ NO	RATING
BUSINESS CHECKING ACCOUN	T		
NAME OF BANK:			PHONE NO.:
ADDRESS:			ACCOUNT NO.:
		ACCO	UNT OFFICER:
MAJOR SUPPLIERS (INCLUDE O	GLASS & PRIMARY N	METAL SUPPLIERS) – SUPI	PLY AT LEAST 4
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE NO.		PHONE NO.	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
PHONE NO.		PHONE NO.	
	OUR STANDARD T	ERMS OF SALE ARE 1% 10	D DAYS, NET 30 DAYS
			r current Sales Tax Exemption Certificate on file.
			5% per month on all past due balances (annual percer
rate of 18%)If unpaid by the 46 th	consecutive day follo	owing date of invoice. This s	service charge is not intended as an alternative to payl and service charges will be added to and become part
			y acknowledge and agreed to.
	, , , , , , , , , , , , , , , , , , ,		,
SIGNED		TITLE	DATE
AUTHO	RIZED SIGNATURE		
DDINT NAME			
PRINT NAME			