

APPLICATION FOR CREDIT

Please complete this application in full and return the signed original to the above address, otherwise application will not be processed. Should you have any questions or problems, please do not hesitate to call. Thank you for the opportunity to be of service to you and your organization. We look forward to a long and pleasant business relationship with you.

COMPANY NAME		Years under current name	
Assumed or Fictitious Names			
Business address			
Phone	Fax	Cell Phone	
Pager	E-mail	Website	
Billing address (if different)			
Shipping address (if different)			
Federal EIN #		Sales tax # (Attach completed exemption form)	

BUSINESS TYPE: Corporation	Date Incorporated	State of Incorporation
Partnership	Date started	
Sole Proprietor	Date started	

PRINCIPALS (If corporation - list shareholders. If partnership - list all partners. If sole proprietor - list owner.)

Name	Title	Ownership interest	Yrs. with Co.
Home address		Home phone	
Name	Title	Ownership interest	Yrs. with Co.
Home address		Home phone	
Name	Title	Ownership interest	Yrs. with Co.
Home address		Home phone	

BANK	Contact	No. of years with bank	
Address	Phone	Fax	
Type of account	Account #	Avg balance	Line of Credit
Type of account	Account #	Avg balance	Line of Credit

GLASS COMPANIES DEALT WITH (past 12 months to date)

Company	Contact	Phone	Fax
Length of relationship	Terms	Current balance	Amount past due
Company	Contact	Phone	Fax
Length of relationship	Terms	Current balance	Amount past due

Have you done business with Glenside Glass Company and/or Doylestown Glass Company under this or any other name? Please specify name and circumstances:

TRADE REFERENCES

Company	Contact	Phone
Address	Fax	
Length of relationship	Terms	Amount past due
Company	Contact	Phone
Address	Fax	
Length of relationship	Terms	Amount past due

Company		Contact	Phone
Address			Fax
Length of relationship	Terms	Current balance	Amount past due
Company		Contact	Phone
Address			Fax
Length of relationship	Terms	Current balance	Amount past due

LINE OF CREDIT : Anticipated monthly purchases \$ _____ Desired amount of line of credit \$ _____

Do you require a written P.O. ? _____

Persons authorized to order materials:

Name	Name
Name	Name
Name	Name

CREDIT TERMS:

ORDERING - Orders may be placed by fax, telephone or in person. No deposit will be required..

CONTRACT - Each order placed by you and accepted by Doylestown Glass Co. shall constitute a written contract. You hereby agree to make full payment on each contract.

PAYMENT - Invoices are due and payable, Net 30 days.

SERVICE CHARGE - If any payment is not made when due, a service charge of 1.5% per month or 18% per year, will be added to your balance due and owing. If legal action is commenced, an additional charge of fifteen (15%) of the balance then due, or a minimum of \$200.00, whichever is greater, shall be added for collection costs.

SUSPENSION OF CREDIT - If any payment is not made within fifteen (15) days from the time such payment is due, Glenside Glass Company shall have the right to stop all work until payment is made, and shall not be liable for any delays caused to you thereby. No further credit will be permitted until the account is made current. We reserve the right to update and review your file at any time. Any delinquency from our credit terms may cause you to lose your credit status without notice

GUARANTEE - For value received and in consideration of Glenside Glass Company extending credit to the above named account, I (we) hereby personally guarantee payment when due of any and all debts to Glenside Glass Company, arising out of sales or advances by Glenside Glass Company. Notice of acceptance of this guarantee is waived. Use of corporate titles shall in no way limit the personal liability of the signatory.

SCOPE - These credit terms constitute the entire understanding between the parties and supersede all prior and contemporaneous oral or written statements. These terms shall apply to any and all renewals and/or modifications of the selling terms of Glenside Glass Company. Any modification or termination of these terms must be mutually agreed upon and signed in writing by the parties.

RELEASE AUTHORIZATION: The undersigned hereby gives permission to release all necessary written credit reference information and disclosure of financial information, including all bank account information, by any or all of the above references as requested by Glenside Glass Company for the purpose of obtaining a commercial line of credit. Copies hereof may be deemed as duplicate originals.

I certify that all of the information on this form is correct. I understand the credit terms and agree to the proper payment in consideration of extended credit. I understand that the terms and conditions set forth in this Application for Credit shall govern all sales made by Glenside Glass Company to applicant on credit.

COMPANY NAME: _____

BY: _____

TITLE: _____ DATE: _____