



CUSTOM GLASS FABRICATORS, INC.

Credit Application

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I/We hereby apply to CUSTOM GLASS FABRICATORS, INC. for an open line of credit and agree to the terms and conditions of purchase as stated herein.

A. Business Information

Business Name: _____ Contact: _____

Address: _____

Telephone #: (____) _____ Fax#: (____) _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Year Business Started: _____ Number of Locations: _____

Seller's Permit Number: _____

(Please enclose a copy of reseller's permit)

Has Company ever filed for Bankruptcy? _____

Business Classification:

____ Sole Proprietorship

____ Partnership

____ Corporation

____ Other

Please State _____

Credit References:

Bank Reference: _____ Type of Account: _____

Name: _____ Contact: _____

Address: _____ Telephone #: (____) _____

City: _____ State: _____ Zip: _____

Account #: _____

Bank Reference: _____ Type of Account: _____

Name: _____ Contact: _____

Address: _____ Telephone #: (____) _____

City: _____ State: _____ Zip: _____

Account #: _____



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Vendor Reference: (Minimum of 3)

Name: _____ Contact: _____

Address: _____

Telephone #: (____) _____ Fax #: (____) _____

City: _____ State: _____ Zip: _____

Account #: _____

Vendor Reference:

Name: _____ Contact: _____

Address: _____

Telephone #: (____) _____ Fax #: (____) _____

City: _____ State: _____ Zip: _____

Account #: _____

Vendor Reference:

Name: _____ Contact: _____

Address: _____

Telephone #: (____) _____ Fax #: (____) _____

City: _____ State: _____ Zip: _____

Account #: _____

B. Business Background Information

In the space provided below, please provide the history of the company and any other pertinent information you would like to give us at this time:



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C. Personal Information - Principal(s)/(President/Vice-President)

Name: _____

Address: _____

Telephone #: (____) _____ Social Security #: _____

Drivers License Number: _____

Name: _____

Address: _____

Telephone #: (____) _____ Social Security #: _____

Drivers License Number: _____

Credit Policy:

I/We affirm that this credit information is true and correct. I/We hereby give my/our personal guarantee for payment of the above account. I/We further agree, in case of default of payment, to pay any and all collection costs, including interest, attorney's fees and court costs. I/We also understand that the terms are: **account due in full by the 10th of each month, and past due the following month thereafter.**

New orders will require pre-payment and will be shipped C.O.D., certified or cashier's check. Normal processing of application takes anywhere between two to four weeks. Open account status will be granted to qualified customers according to current CUSTOM GLASS FABRICATORS, INC. credit policies.

Past due accounts will be put on "Shipping Hold" until their balance is brought up-to-date. Accounts which are ten (10) days past due or are chronically late will revert to C.O.D. status. Past due balances shall accrue interest at the rate of eighteen (18%) percent per annum.

Please acknowledge receipt by signing and returning the **original** copy of this letter. This must be returned by **no later than ten (10) days from the time of mailing.**

CUSTOM GLASS FABRICATORS, INC. will not be responsible for damages and discrepancies if it is not reported with twenty-four (24) hours of delivery. Please note: All orders that exceed \$500 will require a 50% non-refundable deposit by a certified or cashier's check.

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____