

CREDIT APPLICATION



1318 Shields Road
Kernersville, NC 27284
Tel: **336.993.7300**
Fax: **336.993.1431**

GENERAL INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/Ext: _() _____ Fax: _() _____ Email: _____

Principal/Title 1: _____

Principal/Title 2: _____

Type of Business / Products Sold: _____

ACCOUNTING & CREDIT

Accounts Payable Contact Name: _____ Ext: _____

Sales Tax Exempt? No: Yes: Certificate Number: _____ NOTE: tax will be charged until form E-595E received

Federal Tax ID or Social Security Number: _____

CREDIT REFERENCES - 2 Required

Company Name: _____

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _() _____ Account #: _____

Phone: _() _____ Account #: _____

ACCOUNT TYPE REQUESTED

30 Day Account: C.O.D.: Dollar Amount Of Credit Requested: _\$ _____

NOTE: The first order on any new account is C.O.D. NOTE: Past due accounts are subject to interest and collection fees - see terms and conditions document for more details

BANK INFORMATION

Bank Name: _____

Bank Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _() _____ Account #: _____

Phone: _() _____ Account #: _____

Authorized Signature: _____ Date: _____

Please Return Credit Application and Tax Exempt Certificate To Clearlight Glass & Mirror