



CREDIT APPLICATION

Date: _____

Company Name: _____ Applicant Name: _____

Type of Business: _____ Years in Operation: _____

Billing Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Type of account applied for: Charge Account Cash Account

If applying for a Charge Account, please complete the full form below:

Shipping Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Fax: _____ Email: _____

Purchaser Name: _____ Purchaser Email: _____

Accounts Payable Contact: _____ Accounts Email: _____

Business is a: Corporation Partnership Sole Proprietorship

Bank Name: _____ Bank Phone: _____

Principal Name (1): _____ Phone: _____

Principal Name (2): _____ Phone: _____

Trade References

Company Name (1): _____ Email: _____ Fax: _____

Company Name (2): _____ Email: _____ Fax: _____

Company Name (3): _____ Email: _____ Fax: _____

PLEASE NOTE THAT WE DO NOT ACCEPT REFERENCES BY PHONE - Thanks

Fax credit application back to: 1.877.484.1209 or email office@allglassparts.com