

APPLICATION FOR CREDIT

ATTN:

NAME OF FIRM OR INDIVIDUAL _____

BY:

ADDRESS _____

YEARS AT THIS ADDRESS _____

CITY _____

STATE _____

ZIP _____

AREA CODE _____

PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

CREDIT MANAGER

OUR NORMAL CREDIT TERMS

FOLD

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation Check here if incorporated within the past 12 months Partnership Individual

FOLD FOR WINDOW ENV.

1.	NAME(S) OF PRINCIPAL(S)	COMPLETE ADDRESS	ZIP	PHONE / FAX
2.	_____	_____	_____	PHONE / FAX
3.	_____	_____	_____	PHONE / FAX
4.	_____	_____	_____	_____

FINANCE:

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ PHONE _____

REFERENCES:

1.	BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE / FAX
2.	_____	_____	_____	PHONE / FAX
3.	_____	_____	_____	PHONE / FAX
4.	_____	_____	_____	_____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 19 ____ (Title) _____

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY _____

REFERENCE RESULTS _____

CREDIT APPROVED, BY _____

CREDIT REFUSED, BY _____

DATE _____