

CREDIT APPLICATION

Quality Glass and Mirror Services, Inc., 14242 C Circle, Omaha, NE 68144
PH: 402-339-3737 FX: 402-339-9395

BUSINESS CONTACT INFORMATION

Owner/Responsible Party Name:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

Tax Identification number:

How long at current address?

Fax:

E-mail:

Telephone:

Bank name:

Phone:

Bank address:

State:

ZIP Code:

City:

Account number

Type of account

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

State:

ZIP Code:

City:

Fax:

E-mail:

Phone:

Type of account:

Company name:

Address:

State:

ZIP Code:

City:

Fax:

E-mail:

Phone:

Type of account:

Company name:

Address:

State:

ZIP Code:

City:

Fax:

E-mail:

Phone:

Type of account:

AGREEMENT

You are hereby authorized to contact the above named references and we further authorize the named references to provide information that concerns the credit worthiness of the applicant.

Signature

Signature:

Title:

Printed Name:

Date:

CREDIT APPLICATION

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CUSTOMER INFORMATION

Customer Name:

Primary Business Address:

2nd Line Address

City:

State:

ZIP Code:

Sales Tax Identification Number:
Please Attach a Copy

Telephone:

Fax:

E-mail:

Contact Person:

SHIPPING INFORMATION

Ship to Address:

Ship to 2nd Address:

Ship to City:

Ship to State:

Ship to Zip:

Fax Number:

ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

FOR OFFICE USE ONLY: (DO NOT WRITE IN THIS SECTION)

Account Type:

Terms:

COD Cash only:

COD cash or check:

COD for 90 days:

Net 30:

1% Net 10:

Delivery:

Will Call:

Sales Tax: (Y/N)

Sales Tax Code:

Price Contracts:

Approval of Application:

Approved by:

Date Approved:

Entered by:

Date Entered:

Type of account:

Customers New Account Number: