



Corporate Office
2207 E Elvira Rd
Tucson, AZ 85756
Ph. 520.629.0268
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COMMERCIAL CREDIT APPLICATION

APPLICATION INFORMATION

Date: _____

Company Name: _____

Type of Business: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Sole Proprietorship [] _____
SS Number

Partnership [] _____
SS Numbers

Corporation [] _____
Fed Tax ID

State Tax Number

Government Agency []: _____

Resale Number : _____

Estimated Amount of
Annual Glass Purchases (Optional)

\$ _____

Number of Years in Business : _____

Credit Limit Request

\$ _____

Contractors License Number : _____

Purchase Order or Work Order Number Required [] YES

[] NO

Accounts Payable e-mail address : _____

Customer Service Rep. e-mail address : _____

OWNERSHIP INFORMATION

Name of Owner : _____

Phone : _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Owner : _____

Phone : _____

Home Address: _____

City: _____ State: _____ Zip: _____

TRADE REFERENCE

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email : _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email : _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email : _____

BANK REFERENCE

Bank Name: _____

Address: _____

Contact: _____

Phone: _____

Approved: _____ Date: _____ Credit Limit: _____ Customer Type: _____ Account: _____

Yes _____ No _____ _____ _____ _____ _____

I / We understand and agree to the following:

1. The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize GLAZ-TECH INDUSTRIES, INC. To investigate the references listed pertaining to my / our credit and financial responsibility. I / We also authorize the above named bank to release credit & financial information to GLAZ-TECH INDUSTRIES, INC.
2. Total amount is due and payable on a Net 30th basis.
3. A delinquency charge of 1.5% per month (18% per annum) may be added to any past due balance.
4. Credit will be suspended for delinquent account.
5. Should the account be placed for collection with an outside agency, GLAZ-TECH INDUSTRIES, INC. shall be entitled to their reasonable collection and/or legal expenses. This agreement and subsequent purchases orders shall be construed in accordance with the laws of the State of Arizona. Any actions brought concerning or relative to any dispute arising from a purchase order or shipment of material shall be brought in Pima County, Arizona.

Signed _____ Title _____ Date _____

The Undersigned jointly and personally guarantee the payment of all amounts set forth above.

Applicant _____ Spouse _____

Applicant _____ Spouse _____



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BANK AUTHORIZATION FORM

Date: _____

Dear Sir or Madam :

For the purpose of obtaining a credit rating your bank requires a written authorization from you. Please fill out the form completely, sign and fax back to our office along with the attached credit application at your earliest convenience.

Banking Institution : _____ City & State : _____

Bank Account # : _____ Contact : _____

Telephone # : _____ Fax # : _____

Authorized Signature : _____

Company Name : _____ Title : _____