

DATE: _____

CREDIT APPLICATION

APPROVED: _____

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YOUR WINDOW SCREENS

P.O BOX 2106
CALHOUN, GA 30703
PHONE # 706-629-1610 FAX # 706-629-1720

****PLEASE MAIL ORIGINAL APPLICATION, EVEN IF YOU FAX, IN CASE WE CANNOT READ. ****

1. COMPANY NAME: _____

2. LEGAL STATUS: () PROPRIETORSHIP () PARTNERSHIP () CORPORATION

IF A SUBSIDIARY:

PARENT COMPANY: _____

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____

PRINCIPALS NAME: _____

TITLE: _____

ADDRESS: _____ CITY/ST/ZIP: _____

PHONE #: _____

PRINCIPALS NAME: _____

TITLE: _____

ADDRESS: _____ CITY/ST/ZIP: _____

PHONE #: _____

3. DUNS #: _____ FED ID #: _____

4. ARE PURCHASES TAX EXEMPT? _____ YES _____ NO

***IF YES, ATTACH A COPY OF YOUR TAX EXEMPT STATEMENT. ***

CONTACT INFORMATION

SHIP TO ADDRESS:

ACCOUNTS PAYABLE:

1. CONTACT NAME: _____ 1. CONTACT NAME: _____

2. ADDRESS: _____ 2. ADDRESS: _____

3. PHONE #: _____

3. PHONE #: _____

4. FAX #: _____

4. FAX #: _____

5. EMAIL: _____

5. EMAIL: _____

6. CAN YOU DO DIRECT DEPOSIT ____ YES ____ NO

YOUR WINDOW SCREENS

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CALHOUN, GA 30703

PHONE # 706-629-1610 FAX # 706-629-1720

BUSINESS HISTORY

1. DATE BUSINESS WAS STARTED: _____

2. HAVE YOU EVER FILED FOR BANKRUPTCY OR CHAPTER 11? YES _____ NO _____

IF YES, EXPLAIN _____

_____.

3. BANK NAME: _____ ACCOUNT # _____

LOAN OFFICERS NAME: _____ PHONE #: _____

4. TRADE REFERENCES: (LIST)

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY/ST/ZIP _____ CITY/ST/ZIP _____

PHONE _____ PHONE _____

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY/ST/ZIP _____ CITY/ST/ZIP _____

PHONE _____ PHONE _____

CONDITION OF SALE

IT IS THE INTENT OF YOUR WINDOW SCREENS, INC TO DEAL WITH OUR CUSTOMERS IN A FAIR AND HONEST MANNER. WE PLEDGE TO PROVIDE YOU 100% OF YOUR REQUESTED PRODUCTS OR SERVICE WITHIN A REASONABLE TIME FRAME. IN RETURN, WE WOULD EXPECT YOUR COMMITMENT TO PAY FOR THOSE SERVICES WITHIN OUR AGREED UPON PAYMENT TERMS. BY SIGNING BELOW, BOTH PARTIES AGREE TO WORK TOGETHER ON THESE MATTERS. WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO DEVELOPING A STRONG WORKING RELATIONSHIP WITH YOU, WHERE BOTH OF US WORK TOGETHER, FOR OUR MUTUAL SUCCESS.

SIGN: _____

JEFF BLAIR
PRESIDENT – YOUR WINDOW SCREENS, INC.

PRINT NAME: _____
TITLE: _____