

# Glassform<sup>®</sup>

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## Application for Credit

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business Started \_\_\_\_\_

### Type of Ownership:

( ) Proprietorship ( ) Partnership ( ) Corporation ( ) LLC ( ) Other \_\_\_\_\_

Anticipated Annual Purchases \_\_\_\_\_

Are the purchases subject to sales Tax? Yes \_\_\_ No \_\_\_ If no, list Resale Number \_\_\_\_\_

### Company Purchasers/Contacts:

Name & Title \_\_\_\_\_

Name & Title \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Contact \_\_\_\_\_

Has your Company and/or any principal partner ever filed bankruptcy? Yes \_\_\_ No \_\_\_

### Business References

1. Company Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Terms \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Terms \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Terms \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Terms \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_