



GIRARD GLASS CORPORATION

2350 E. 37th Street
PO Box 58624
Los Angeles, CA 90058

(323)588-3231 Fax: (323)588-0180 email: Girardglass@att.net

CREDIT APPLICATION

Date: _____

Phone: _____ Fax: _____

Company Name: _____

Billing Address _____

City, State, Zip _____

Shipping Address _____

City, State, Zip _____

How Long Has Company Been in Operation? _____

Is Business a (circle one)? Corporation Partnership Sole Proprietorship

List Names, Positions and Home Addresses of Principals of Company:

1. _____

2. _____

3. _____

Does Company Require Purchase Orders (circle one)? Yes No

Will Company Accept Back Orders (circle one)? Yes No

Bank Name _____

Bank Address _____

Bank City, State, Zip _____

Bank Phone Number _____

Bank Account Number _____

List three (3) Business Accounts With Account Number, Address and Phone Number:

Name _____ Account Number _____

Address _____

City, State, Zip _____ Phone Number _____

Name _____ Account Number _____

Address _____

City, State, Zip _____ Phone Number _____

Name _____ Account Number _____

Address _____

City, State, Zip _____ Phone Number _____

TERMS OF AGREEMENT

The undersigned expressly agrees to make payment in full to GIRARD GLASS CORPORATION for all purchases in accordance with terms of sale.

Should the undersigned default in any such payment, the undersigned agrees to pay a late service charge on any amounts in default at the maximum rate permitted by law and, at the option of GIRARD GLASS CORPORATION all amounts owed by the undersigned shall become immediately due and payable without further demand or notice.

The undersigned further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by GIRARD GLASS CORPORATION in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by an authorized GIRARD GLASS CORPORATION representative. The undersigned shall not transfer or assign this agreement without expressed prior written consent of GIRARD GLASS CORPORATION.

COMPANY _____

BY (NAME) _____

SIGNATURE _____

TITLE _____

DATE _____