

NEW: Customer Ship To Customer ID Glazzio Sales Rep/Territory

Business Name

Customer Type (Select One): Standard ACF FTG Other:

Billing Address

Showroom Address Same as Billing Multiple (Please Attach List)

Warehouse Address Same as Billing

Sample Set Contact Phone Email

Billing Contact Phone Email

Orders Contact Phone Email

Backorders Contact Phone Email

Send Samples To: Billing Warehouse Showroom Other:

Special Instructions:



10101 Foster Ave. Brooklyn, NY 11236

718.336.2071

718.336.1673

info@glazziotiles.com

glazziotiles.com

CREDIT APPLICATION

Date: _____

Business Name: _____ Trade Name (DBA): _____

Name of Owner(s): _____

Website: _____

Showroom / Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Billing / Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Purchasing Contact

Name: _____ Phone: _____ Fax: _____

Email: _____

A/P Contact

Name: _____ Phone: _____ Fax: _____

E-mail: _____

Showroom Manager: _____

Preferred Billing Method

☐ I wish to receive my invoices and statements by US Postal Mail service

☐ I wish to receive my invoices and statements by email at this address (no hard copy will be mailed) _____

☐ I wish to receive my invoices and statements by fax at this number (no hard copy will be mailed) _____

☐ (initial) I understand and agree to pay any and all fees that will be made on any returned payments.

Date: _____



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Business Name: _____ Trade Name (DBA): _____

Check one: Sole Proprietor: _____ Partnership: _____ Corporation: _____

Business has been open since: _____ Yearly Sales: _____ Credit amount requested: _____

Taxpayer ID # _____ OR Owner's Social Security # _____

REFERENCES

Trade References:

1) Company Name: _____ Contact: _____

Phone: _____

Fax/ Email: _____

2) Company Name: _____ Contact: _____

Phone: _____

Fax/ Email: _____

3) Company Name: _____ Contact: _____

Phone: _____

Fax/Email: _____

Bank Reference: _____ Address: _____

Bank Officer Name: _____ Signature: _____

Title: _____ Date: _____

Everything stated in this application is true and correct to the best of my knowledge.

Manager / Owner Signature: _____ Date: _____ Title: _____

Manager / Owner Signature: _____ Date: _____ Title: _____

ALL NYS ACCOUNTS WILL ONLY BE OPENED WITH A RESALE CERTIFICATE

For office use only

Sales Rep/ Territory: _____

Sample Set Up: _____

Date: _____

Business Name: _____ Trade Name (DBA): _____



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I authorize Glazzio Tiles to obtain credit information from any Credit Reporting Agency as they see fit.

Initial: _____

All invoices are due within the payment terms granted. COD restrictions and fees may be placed on any past due account. I (we) agree to pay account promptly within the terms stated. I understand and agree to pay any and all fees that will be made on any returned payments. I further agree to pay any collection and/or legal fees that Glazzio Tiles incurs in collecting any amounts due from the corporation that have not been paid within 90 days of the invoice date.

I (we) understand that this request is for the extension of credit for business purposes only and is not intended for the extension for credit for personal, family, or household purposes. The credit applicant understands that Glazzio Tiles must be notified in writing of any change in ownership, name or business structure under which credit is established. In consideration of, and in order to establish an open account line-of-credit based on the foregoing application, the undersigned promises to pay for all purchases in accordance with the Terms of Sale. The person executing this agreement has authority to bind the customer and is authorized by the customer to enter into Glazzio terms and conditions.

The information and statement in this application are true and complete, and made for the purpose of establishing an open account line-of-credit. I (we) hereby authorize you to obtain any confirming information you consider necessary, from any source, concerning the statement of this application.

Name and Title (please print): _____

Signature: _____ Date: _____

Personal Guarantee

As an officer and/ or authorized agent of the corporation listed above, I personally guarantee the payment of all invoices billed to the above business and agree to be personally liable for all other terms and conditions of this agreement and subsequent contracts. I further agree to pay any collection and/ or legal fees that Glazzio Tiles incurs in collecting any amounts due from the corporation that have not been paid within ninety days of the invoice date.

Name and Title of Guarantor (please print): _____

Signature: _____ Date: _____