New Customer/Additional Location Form



Customer ID Glazzio Sales Rep/Territory

NEW: Customer Ship To

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

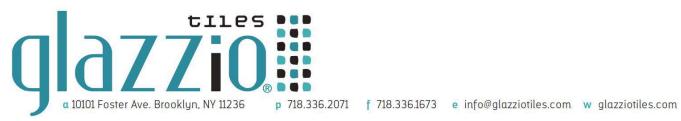
Billing Contact Phone Email

Orders Contact Phone Email

Backorders Contact Phone Email

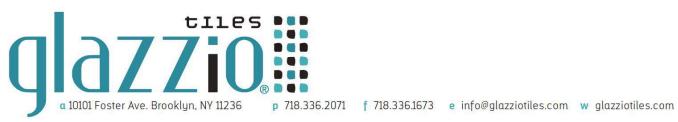
Send Samples To: Billing Warehouse Showroom Other:

Special Instructions:

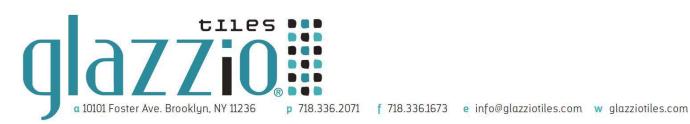


CREDIT APPLICATION

Date:		
Business Name:	Trade	Name (DBA):
Name of Owner(s):		
Website:		
Showroom / Shipping Ad	ddress:	
City:	State:	Zip:
Phone:	Fax:	Email:
Billing / Mailing Addres	s (if different from above):	
City:	State:	Zip:
Purchasing Contact		
Name:	Phone:	Fax:
Email:		
A/P Contact		
Name:	Phone:	Fax:
E-mail:		
Showroom Manager: _		
I wish to receive my inv	•	Mail service is address (no hard copy will be mailed) number (no hard copy will be mailed)
(initial) I understand ar	nd agree to pay any and all fees that	will be made on any returned payments.
Date:		



Business Name:	Tra	rade Name (DBA):		
Check one: Sole Proprietor:	Partnership:	Corporation:		
Business has been open since:	Yearly Sales:	Credit amount requeste	ed:	
Taxpayer ID #	OR Owne	er'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:	Sign	nature:		
Title:	Date	o:		
Everything stated in this application is tru	e and correct to the best of	of my knowledge.		
Manager / Owner Signature:	Date:		Title:	
Manager / Owner Signature:	Date:		Title:	
ALL NYS ACCO	OUNTS WILL O	NLY BE OPENE	D WITH A	
For office use only	RESALE CER	<u>TIFICATE</u>		
Sales Rep/ Territory:				
Sample Set Up:				
Date:				
Business Name:	Tra	de Name (DBA):		



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:	
invoices billed to the above be agreement and subsequent co	agent of the corporation listed above, I personally guarantee the paymentess and agree to be personally liable for all other terms and conditions acts. I further agree to pay any collection and/or legal fees that Glazzio om the corporation that have not been paid within ninety days of the inv	of this Tiles incurs
Name and Title of Guarantor	ease print):	
C'a madama	Deter	