



2002 Brittmoore Road
Houston, Tx 77043
National Ph.# 800-766-2196
Local Ph.# 713-690-8282
Fax# 713-690-9994
Email: accounting@glasscraft.net

Credit Application

Terms: Net 30 from date of shipment.

Procedures

Please use this form when applying for credit. Fillout requested information. It is imperative that you complete the credit application and include valid references and fax numbers. Incomplete information or lack of information can prolong the approval time and could result in denial of credit. Credit verification can take up to four weeks depending on how quickly your references respond to us. In order for the application to be complete, you must check all boxes and sign and date where indicated. We will review the credit application once we have received all references and bank information. Upon review of information we have received, we will mail your company a letter stating the results of the credit application.

Mailing Address

Company Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

Billing/Shipping Address (if different, complete)

Billing/Shipping Contact _____ Telephone _____ Fax _____ Email _____
Billing Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Check One: Corporation Partnership Individual
Years in Business _____ Number of Employees _____
Principal's Name _____ Home Address _____
Home Ph. # _____ City _____ State _____ Zip _____

Business References (List accounts with whom you have had for more than one year)

1. **Company Name** _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

2. **Company Name** _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

3. **Company Name** _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

Bank Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____
Account # _____

I certify that all information on this application is correct. I personally assume full responsibility for all charges made to my company's account. I personally guarantee the full performance of the firm, whether a corporation, partnership, or otherwise, of all debts and obligations to GlassCraft Door Corporation, and agree to pay within the terms. I understand that if legal proceedings become necessary to collect monies owed, all court cost, legal fees and attorney fees, an interest of 18% per annum will be added to the amount owed GlassCraft Door Corporation, and will be paid by our firm, and I agree that the venue of these legal proceedings shall be Houston, Harris County, Texas.

In addition, I authorize the above firms to release to Glass Craft Door Corporation any information required for the establishment of credit.

Signed: _____ Title: _____

DO NOT WRITE IN THIS SPACE

Date Received: _____ References Checked By: _____ Credit Limit: _____
Credit Approved By: _____ Date Approved: _____ Letter Mailed: _____

SUBMIT THIS FORM:

- Email to: accounting@glasscraft.net
- Fax to: 713-690-9994

Submit Form

PLEASE NOTE: The ability to submit this form using the Submit button may be limited by your computer setup. If you are unable to submit the form using the Submit button. Please save the file to your computer and send it to accounting@glasscraft.net