

CREDIT APPLICATION

Please complete this form and email to: cwestfall@ddsglassdoors.com



Date ____/____/____

NAME _____

BILLING ADDRESS

Street _____

City _____ State _____ Zip Code _____

Telephone _____

SHIPPING ADDRESS

Street _____

City _____ State _____ Zip Code _____

Email _____ Fax _____

CHECK ONE Corporation Partnership Single Proprietor

Tax ID Number (TIN) _____

Export Tax ID Number _____
(International Shipments Only)

NAME OF COMPANY OFFICERS OR OWNER(S)

President _____ SS# _____ - _____ - _____

Vice President _____ SS# _____ - _____ - _____

Treasurer _____ SS# _____ - _____ - _____

PURCHASING CONTACT _____ Email _____

ACCOUNT PAYABLE CONTACT _____ Email _____

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TRADE REFERENCES

Give complete Name, Address with Zip Code, Phone Number, Fax Number and Account Number.

1

Name _____
Street _____
City _____ State _____ Zip Code _____
Telephone _____ Fax: _____ Account # _____

2

Name _____
Street _____
City _____ State _____ Zip Code _____
Telephone _____ Fax: _____ Account # _____

3

Name _____
Street _____
City _____ State _____ Zip Code _____
Telephone _____ Fax: _____ Account # _____

BANK REFERENCE

Give complete Name, Address, Phone Number, Person to Contact and Account Number.

Bank Name _____
Address _____
Person to Contact _____ Phone Number _____
Account # _____ D & B # _____

SIGNATURE _____ **TITLE** _____

Please Attach Your Sales Tax Certificate of Resale